## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

## SECRETARY OF STATE DIVĬŠĬŎĤ ŎŦ CORPORÁTIONS **DOCUMENT # A05000002289** BOYD EQUITY INVESTMENTS LIMITED Ub AUG 14 AM 9: 35 Principal Place of Business Mailing Address 1501 GULF BOULEVARD 1501 GULF BOULEVARD CLEARWATER, FL 33767 CLEARWATER, FL 33767 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032006 CR2E003 (11/05) Chg-LP City & State City & State Applied For 4. FEI Number 20-Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYD, HUGH R Street Address (P.O. Box Number is Not Acceptable) 1501 GULF BOULEVARD CLEARWATER, FL 33767 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 prior notice A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # L05000122467 STREET ADDRESS BOYD EQUITY MANAGEMENT, LLC STREET ADDRESS 1501 GULF BOULEVARD CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33767 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST: ZIP. CHY:ST:7IP **500078990605** 08/22/06--01027--002 \*\*50 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:

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