


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:46

DOCUMENT # A05000002326	
1. Entity Name BAGLIN ASSET MANAGEMENT LIMITED PARTNERSHIP	

Principal Place of Business 128 QUEEN BESS COURT FORT PIERCE, FL 34949	Mailing Address 128 QUEEN BESS COURT FORT PIERCE, FL 34949
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

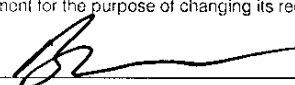


03132006 Chg-LP CR2E003 (11/05)

4. FEI Number 14-1944653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIRAN C HERNDON PA 795 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE 3/13/06

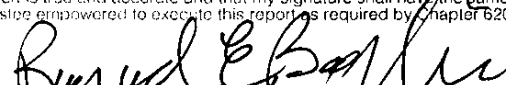
FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BAGLIN, RAY	STREET ADDRESS	
NAME	128 QUEEN BESS COURT	CITY-ST-ZIP	
STREET ADDRESS	FORT PIERCE, FL 34949		
CITY-ST-ZIP			
DOCUMENT #	BAGLIN, CAROL	STREET ADDRESS	
NAME	128 QUEEN BESS COURT	CITY-ST-ZIP	
STREET ADDRESS	FORT PIERCE, FL 34949		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

000069160190
 03/31/06--01027--014 **500.00

14. 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:  DATE 3/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE