


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A05259</b> 1. Entity Name <b>GONZALEZ HOMES, LTD.</b>	
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**FILED**  
**06 MAY -1 PM 1:48**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business <b>1780 BATSON LANE</b> <b>CANTONMENT, FL 32533</b>	Mailing Address <b>3298 SUMMIT BLVD.</b> <b>SUITE 4</b> <b>PENSACOLA, FL 32503</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>59-3412062</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b> <b>ETHERIDGE PROPERTY MANAGEMENT</b> <b>3298 SUMMIT BLVD., SUITE 4</b> <b>PENSACOLA, FL 32503</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	ETHERIDGE, RAY O. 3298 SUMMIT BLVD., SUITE 4 PENSACOLA, FL 32503	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

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:**  **4/19/06** **850-434-3585**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE