



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A08147 1. Entity Name ST. GEORGE ISLAND UTILITY COMPANY, LTD.					
Principal Place of Business 3038 CRAWFORDVILLE HWY., A CRAWFORDVILLE, FL 32347			Mailing Address 3038 CRAWFORDVILLE HWY., A CRAWFORDVILLE, FL 32347		
2. Principal Place of Business 3200 Commonwealth Blvd.		3. Mailing Address 3200 Commonwealth Blvd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02172006 Chg-LP CR2E003 (11/05)	
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 59-1950858	
Zip 32303		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROWN, GENE D., ESQ. 3038 CRAWFORDVILLE HWY., A CRAWFORDVILLE, FL 32347			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3200 Commonwealth Blvd. Tallahassee FL 32303		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	A01590		STREET ADDRESS	3200 Commonwealth Blvd.	
NAME	LEISURE PROPERTIES LTD		CITY-ST-ZIP	Tallahassee, FL 32303	
STREET ADDRESS	3038 CRAWFORDVILLE HWY., A		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32347		CITY-ST-ZIP		
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STAPLE CHECK HERE

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: *[Signature]* 2-27-06 890-668-6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA