

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED

06 JUN 23 PM 3:59

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



05182006 No Chg-LP CR2E003 (11/05)

4. FEI Number
62-1068028

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable)

City

FL Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PRESTON, FOREST L	3570 KEITH STREET, N.W.	CLEVELAND, TN 37312
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	F93000003365	DEVELOPERS INVESTMENT COMPANY, INC.	3570 KEITH STREET, NW CLEVELAND, TN 37312
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

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100076649891
06/27/06--01059--011 **500.00

**DO NOT WRITE
IN THIS SPACE**

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.

By: Punta Gorda Medical Investors Limited Partnership
By: Developers Investment Company, Inc., Corporate General Partner

SIGNATURE: Joan E. Thurmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6-21-06 (423) 473-5868

Date Daytime Phone #

Joan E. Thurmond, Assistant Secretary of General Partner

STAPLE CHECK HERE