


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

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A09026		
1. Entity Name PALMETTO 4 BAY, LTD.		

Principal Place of Business 2020 KING AIR COURT PORT ORANGE, FL 32128-6931	Mailing Address 2020 KING AIR COURT PORT ORANGE, FL 32128-6931
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



01092006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-2068923	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  AUSTEN, PETER T. 2020 KING AIR COURT DAYTONA BEACH, FL 32128
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 \_\_\_\_\_ 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 #	NAME	STREET ADDRESS	
NAME	AMES, RONALD	CITY-ST-ZIP	
STREET ADDRESS	4401 N FEDERAL HIGHWAY, SUITE 204		
CITY-ST-ZIP	BOCA RATON, FL 33431		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	AUSTEN, PETER T.	CITY-ST-ZIP	
STREET ADDRESS	2020 KING AIR COURT		
CITY-ST-ZIP	PORT ORANGE, FL 321286931		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MIGONE, BRUCE	CITY-ST-ZIP	
STREET ADDRESS	7125 N.W. 74TH ST		
CITY-ST-ZIP	MIAMI, FL		
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STREET ADDRESS			
CITY-ST-ZIP			

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01/25/06-00033-023-500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this form 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: Peter T. Austen 1/14/06 386-761-1854  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #