2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 SECRETARY OF STATE DOCUMENT #A19725 DIVISION OF CORPORATIONS 1. Entity Name CLEÁRWATER COLLECTION ASSOCIATES, LTD. 06 APR 27 PM 4: 36 Principal Place of Business Mailing Address 5858 CENTRAL AVE. P.O. BOX 41847 ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33743-1847 04052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2514073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHER, CRAIG H DO NOT WRITE 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707 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, typed or printed name of registered agent and title if applicable. DATE 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. GENERAL PARTNER INFORMATION 12. V25013 DOCUMENT # SEMBLER ENTERPRISES, INC. NAME STREET ADDRESS 5858 CENTRAL AVE. 400074331504 05/10/06--01012--012 ***43687,50 CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

for supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 welled to effect this report as required by Chapter 620, Florida Statutes I hereby certify that the informatindicated on this report is true or the receiver or trustee emp

SIGNATURE:

CHECK

CITY - ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

> raia YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

410.00