


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 9:18

DOCUMENT # A20086
 1. Entity Name
 CHARLTON COURT LTD.



Principal Place of Business
 701 S. HENDRY AVE.
 FORT MEADE, FL 33841

Mailing Address
 P.O. BOX 10293
 CLEARWATER, FL 33757

DO NOT WRITE IN THIS SPACE



01112006 No Chg-LP CR2E003 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2543843 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

SABIS, WILLIAM R.
 2638-5 SE SR 21
 MELROSE, FL 32666

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 _____ 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 | |
|---------------------------------|--------------------------------------|
| DOCUMENT # | |
| NAME | SABIS, WILLIAM R. |
| STREET ADDRESS | 2638-5 SE SR 21 330 SW 132nd Terrace |
| CITY-ST-ZIP | MELROSE, FL 32666 Newberry FL 32669 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 the report as required by Chapter 620, Florida Statutes

SIGNATURE:  1/25/06 727-443-3251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE