

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

**DOCUMENT # A22506**

1. Entity Name  
**C.B. WALLER ENTERPRISES, LTD.**



**FILED**

2006 JAN 24 A 10: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01102006 Chg-LP CR2E003 (11/05)

Principal Place of Business <del>2113 PXEBV</del> <del>NECHBPO10743555</del> <b>1002 IOWA AV</b> <b>LYNN HAVEN, FL 32444</b>	Mailing Address <del>2113 PXEBV</del> <del>NECHBPO10743555</del> <b>1002 IOWA AV</b> <b>LYNN HAVEN, FL 32444</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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4. FEI Number <b>59-2663716</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>WALLER LEE, MARIE</b> <b>1002 IOWA AVENUE</b> <b>LYNN HAVEN, FL 32444</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 CITY-ST-ZIP	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 this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** MARIE WALLER LEE Marie Waller Lee 1-21-06 850-265-5157  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER) Date Daytime Phone #

STAPLE CHECK HERE