

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

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A26783

1. Entity Name
NORBOURNE ESTATES LTD.



Principal Place of Business
**P.O. BOX 99564
LOUISVILLE, KY 40269-0564**

Mailing Address
**P.O. BOX 99564
LOUISVILLE, KY 40269-0564**



01052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3011812

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, ANNETTE
37 BROOK CIRCLE
LEESBURG, FL 34748**

**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
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
STREET ADDRESS
CITY-ST-ZIP
**FULKERSON, T J
9232 W ARAGON DRIVE
SHREVEPORT, LA 71129**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**NELSON, STEVE W
2509 PLANTSIDE DR.
LOUISVILLE, KY 40299**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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DOCUMENT #
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CITY-ST-ZIP

U000000433018
02/23/06-80092-012 508.75

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/06

Date

502-807-2812

Daytime Phone #