


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A27021 1. Entity Name STRAWBERRY RIDGE, LTD.	
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Principal Place of Business 11300 4TH STREET N., #200 ST. PETERSBURG, FL 33716	Mailing Address 11300 4TH STREET N., #200 ST. PETERSBURG, FL 33716
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04182006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-2904350	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEMBLER, M. STEVEN 11300 4TH STREET NORTH, #200 ST. PETERSBURG, FL 33716	7. Name and Address of New Registered Agent Name <u>Julie V. Fanelli</u> Street Address (P.O. Box Number is Not Acceptable) <u>11300 Fourth Street North, Suite 200</u> City <u>St. Petersburg, FL</u> Zip Code <u>33716</u>
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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 Julie V. Fanelli DATE 4-20-06
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

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05/22/06--01004--003 **508.75

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	K30509 STRAWBERRY RIDGE, INC. 11300 4TH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	

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: Julie V. Fanelli, Asst. Sec. of GP DATE 4-20-06 DAYTIME PHONE # 727-577-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE