2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 05, 2006 08:00 AM Secretary of State

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1. Entity Name

S.B.S. OF GAINESVILLE, A FLORIDA LIMITED **PARTNERSHIP**

Principal Place of Business

P.O. BOX 5278 GAINESVILLE, FL 32602 Mailing Address

P.O. BOX 5278 GAINESVILLE, FL 32602



DO NOT WRITE IN THIS SPACE

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01112006	No Chg-LP	CR2E003 (11/05)	

Applied For 4. FEI Number 59-2957064 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CARPENTER, RONALD 4127 NW 27TH LANE

DO NOT WRITE

GAINESVILLE, FL 32606		IN THIS SPACE		
the obliga	a named entity submits this statement for the purpose of changing its register tions of registered agent.	ed office or registered agent, or both, in	the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and fills if applicable		DATE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00		800000432331 84/19/06-8083-013 500.	
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY M NOTE: General Partners MAY NOT be changed on the form	UST BE REGISTERED AND ACT ; an amendment must be filed to	IVE WITH THIS OFFICE. change a general partner.	
12.	GENERAL PARTNER INFORMATION			
DOCUMENT # NAME SIREET ADDRESS CITY-SI-ZIP	K35600 SOUTHERN BLOG STRUCTURES 4127 NW 27TH LANE GAINESVILLE, FL 32608			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			OT WRITE	
DOCUMENT 1 NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT 1 NAME SIRELI ADDRESS CITY-ST-ZIP				
14. I hereby indicated	certify that the information supplied with this filling does not qualify for the ex- on this report is true and accurate and that my signature shall have the same	emptions contained in Chapter 119, Fill legal effect as it made under oath; the	orida Statutes. I further certify that the information it 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:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER