


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # A28049 | |  |
| 1. Entity Name ALL CHILDREN'S MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP | | |

| | |
|---|---|
| Principal Place of Business PHYSICIANS OFFICE BUILDING 880 6TH STREET SOUTH SUITE 190 ST. PETERSBURG FL 33701 | Mailing Address PHYSICIANS OFFICE BUILDING 880 6TH STREET SOUTH SUITE 190 ST. PETERSBURG FL 33701 |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E003 (10/05)

| | |
|------------------------------------|---|
| 4. FEI Number 59-2944240 | Applied For <input type="checkbox"/> Not Applied |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent CARNES, GARY 801 SIXTH STREET, SOUTH ST. PETERSBURG FL 33701 | |
|--|--|

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|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 | K56074 ACHPOB, INC. 801 SIXTH STREET, SOUTH ST. PETERSBURG FL | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | 1001000459874 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | 03/11/06 20059-018 500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
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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:  **Gary A. Carnes**

1-31-06

727-767-4474