


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

**FILED
Jan 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # A28479
1. Entity Name
LABELLE COMMONS, LTD.



Principal Place of Business
5505 N. ATLANTIC AVE., #115
COCOA BEACH, FL 32931

Mailing Address
5505 N. ATLANTIC AVE., #115
COCOA BEACH, FL 32931



01042006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2950805	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVE., #115
COCOA BEACH, FL 32931

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 _____ DATE 02/02/06

Signature, typed or printed name of registered agent and file if applicable.

U00000401859
02/02/06-80061-010 508.75

**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	DEHARDER, ROBERT 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCPHILLIPS, FRANCIS 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FRAZIER, JOHN 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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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: Michael McPhillips PDA Michael McPhillips 1/25/06 784-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #