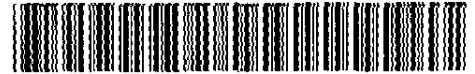


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE-BY MAY 1, 2006

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # A28833	
1. Entity Name CHRISTINE PARTNERS, LTD.	



Principal Place of Business 2215 S. OCCIDENT STREET TAMPA FL 33629		Mailing Address 2217 S. OCCIDENT ST. TAMPA FL 33629-5423	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-3327326	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COCHRAN, ROBERT C/O MACFARLANE FERGUSON & MCMULLEN 400 NORTH TAMPA STREET, SUITE 2300 TAMPA FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable

DATE _____

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	P94000056197 RGSTHREE, INC. 2215 S. OCCIDENT STREET TAMPA FL 33602	STREET ADDRESS CITY-ST-ZIP	U00000410002 02/03/06 80017 022 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: Nancy N. Sauer Nancy N. Sauer 1/27/06

STAPLE CHECK HERE