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

DO NOT WRITE IN THIS SPACE

## DOCUMENT #A29160

1. Entity Name PALMER RANCH LIMITED PARTNERSHIP



Mailing Address

31731 NORTHWESTERN HIGHWAY

SUITE 250-W FARMINGTON HILLS, MT 48334

Principal Place of Business

31731 NORTHWESTERN HIGHWAY SUITE 250 W FARMINGTON HILLS, MI 48334

**FILED** May 02, 2006 08:00 AM Secretary of State



01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 38-2902566

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

		CORPORATE BLVD., SUITE 100		DO NOT WRITE		
	BOCA RATON, FL 33431			IN THIS SPACE		
	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 \$500.00 After May 1, 2006, Fee will be \$9	0.00		_	
	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 /	F99000005883	Į.			
	NAME STREET ADDRESS	PALMER GENERAL, INC. 31731 NORTHWESTERN HIGHWAY, SUITE 250	J			
	CITY-ST-ZIP	FARMINGTON HILLS, MI 48334	·			
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	17.00 mm/s 2.00 mm/s		U00000559512 05/18/06-80002-006 50 <b>0.00</b>		
	DOCUMENT #					
E CHECK HERE	NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
	DOCUMENT F NAME STREET ADDRESS CITY-ST-ZIP		-	IN IHR	SSPACE	
	OCCUMENT F NAME STREET ADDRESS CITY-ST-ZIP					
STAPLE	DOCUMENT / NAME		1			

t 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:

STREET ADDRESS CTTY-ST-ZIP

SIGNATURE AND TYPED OR