


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

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

DOCUMENT # A29197		
1. Entity Name NUTTALL PARTNERS, LTD.		

Principal Place of Business 2215 S. OCCIDENT STREET TAMPA FL 33629	Mailing Address 2217 SO. OCCIDENT ST. TAMPA FL 33629-5423
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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 59-3319021	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COCHRAN, ROBERT G 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 _____ 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 # 154996	NAME NJN, INC.	STREET ADDRESS	
STREET ADDRESS 2215 S. OCCIDENT STREET		CITY-ST-ZIP	
CITY-ST-ZIP TAMPA FL 33629			
DOCUMENT #	NAME	STREET ADDRESS	
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02/10/06-80025-011 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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. Sawyer Nancy N. Sawyer 1/27/06