

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT #A31191

1. Entity Name
C-CHILDRESS-HARROD, LTD.



Principal Place of Business
**777 S HAROUR ISL BLVD
SUITE 877
TAMPA, FL 33602**

Mailing Address
**777 S HAROUR ISL BLVD
SUITE 877
TAMPA, FL 33602**



03292006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1723449

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARROD, GARY W.
777 S HARBOUR ISL BLVD
SUITE 877
TAMPA, FL 33602**

**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

[Signature]
Signature, type or printed name of registered agent and title if applicable

4/10/06
DATE

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
**CHILDRESS, J. DONALD
999 PEACHTREE ST. NE
ATLANTA, GA 30309**

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
**HARROD, GARY W.
777 S HARBOUR ISLAND
TAMPA, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
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CITY- ST- ZIP

U00000518038
05/01/06-80072-013 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/06
Date

Daytime Phone #

STAPLE CHECK HERE