2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED

Due By May 1, 2006				Apr 18, 2006 08:00 A	
1. Entity Nan	MENT # A31192 RESS-HARROD #1, LTD.			Secre	tary of State
Principal Place of Business Mailing Address 777 S. HARBOUR ISLAND BLVD 777 S. HARBOUR ISLAND BLV SUITE 877 TAMPA, FL 33602 TAMPA, FL 33602) :			
DO NOT WRITE IN THIS SPAC			CE	03292008 No Chg-LP CR2E003 (11/05) 4. FEI Number Applied For	
				56-1723450 5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent	7	<u> </u>	
HARROD, GARY W. 777 S. HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602			DO NOT WRITE IN THIS SPACE		
The above named entity submits this statement for the purpose of changing its registers (he obligations of registered agent). SIGNATURE Officers by the displaced a prime of registered agent and the it applicable.			red office or registered agent, or both, in the State of Florida. I am familiar with, and accept LI - I a - UL DATE		
		II FEE IS \$500.00 06, Fee will be \$900.00			
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENTITY W NOT be changed on the form	UST BE REGIST ; an amendmen	ERED AND ACTIVE WITH THI t must be filed to change a ge	S OFFICE. neral partner.
12.	GENERAL PARTNER I				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	CHILDRESS, J. DONALD 999 PEACHTREE STREET NE ATLANTA, GA 30309			i de la companya de l	FA
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	HARROD, GARY W. 777 S. HARBOUR ISLD BLVD TAMPA, FL			999999 95/01/96	0518042 -80072-014 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	ACE
DOCUMENT # NAME STREET ADDRESS					

14. I hereby certify that the information supplied with this filling 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

STAPLE CHECK HERE

CITY-ST-ZIP DOCUMENT # HAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: STONATURE AND TATED DR PRINTED NAME OF SIGNING GENERAL PARTHER 4-10-06 Date

Daytime Phone if