2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 14 AM 9:52

DOCUMENT # A32126

1. Entity Name
ST. PETE MOB LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
3650 MANSELL ROAD, STE. 425 ALPHARETTA, GA 30022	3650 MANSELL ROAD, STE. 425 ALPHARETTA, GA 30022

07142006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
1200 Lake Hearn Drive	1200 Lake Hearn Drive
Suite, Apt. #, etc. 275	Suite, Apt. #, etc. 275
City & State Atlanta, Georgia	City & State Atlanta, Georgia
Zip 30319 Country US	Zip 30319 Country US

4. FEI Number
58-1890431
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 $500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	P35974	STREET ADDRESS	1200 Lake Hearn Drive, Suite 275
NAME	SCOTT & ASSOC., INC.	CITY-ST-ZIP	Atlanta, Georgia 30319
STREET ADDRESS	3650 MANSELL ROAD, STE. 425		
CITY-ST-ZIP	ALPHARETTA, GA 30022		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Hugh Scott 7-19-06 404-252-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #