

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

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A32224**

1. Entity Name  
**EMORY CARTER FARM LIMITED PARTNERSHIP**



Principal Place of Business  
**546 SE EVERGREEN DRIVE  
LAKE CITY, FL 32025**

Mailing Address  
**546 SE EVERGREEN DRIVE  
LAKE CITY, FL 32025**

**DO NOT WRITE IN THIS SPACE**



01232006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3093879**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GREENE, MARY ANN  
546 SE EVERGREEN DRIVE  
LAKE CITY, FL 32025-6875**

**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, typed or printed name of registered agent and title if applicable.

U00000401898  
02/02/06-80061-019 508.75  
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 # **P03000024730**  
NAME **CARTER EVERGREEN, INC.**  
STREET ADDRESS **546 SE EVERGREEN DRIVE**  
CITY-ST-ZIP **LAKE CITY, FL 32025**

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IN THIS SPACE**

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:**

*Mary Ann Greene*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-23-06 386-752-557**  
Date Daytime Phone #