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

STAPLE CHECK HERE

Principal Place of Business _ Mailing Address _ 2234 RIVER RD.
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name BOYER, LORI N 2234 RIVER ROAD JACKSONVILLE FL 32207 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. Lam familifar with, general part of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familifar with, general part of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familifar with, general part of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familifar with, general part of the purpose of changing its registered office or registered agent, or both, in the State of Florida.
City & State 4. FEI Number 59-3112165 Not A Street Address of Status Desired Fee Required Required 7. Name and Address of New Registered Agent Name BOYER, LORI N 2234 RIVER ROAD JACKSONVILLE FL 32207 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a contraction of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a contraction of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a contraction of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a contraction of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a contraction of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a contraction of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a contraction of the purpose of changing its registered office or registered agent.
Zip Country Zip Country 5. Certificate of Status Desired 58.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYER, LORI N 2234 RIVER ROAD JACKSONVILLE FL 32207 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, a
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6. Name and Address of Current Registered Agent ROYER, LORI N 2234 RIVER ROAD JACKSONVILLE FL 32207 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, a control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a control of the purpose of changing its registered office or registered agent.
BOYER, LORI N 2234 RIVER ROAD JACKSONVILLE FL 32207 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, a
2234 RIVER ROAD JACKSONVILLE FL 32207 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, a
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B. 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, a
accept the obligations of registered agent.
SIGNATURE Signature, typed or printed name of registered agent and into if applicable.
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of Si
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 # STREET ADDRESS STREET ADDRESS
STREET ADDRESS 2234 RIVER RD.
CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP
DOCUMENT # U00000475883
SHREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP
DOCUMENT / STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP
DOCUMENT : STREET ADDRESS
SIRLET ADDRESS GITY-ST-ZIP CITY-ST-ZIP
DOCUMENT / STREET ADDRESS
SINEET ADDRESS CITY-SI-ZIP CITY-SI-ZIP
DOCUMENT # STREET ADDRESS NAME
STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP

Lori N. Boyer March 15, 2006 904-398-0112