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

DOCUMENT # A33153

1. Entity Name

ESCHERT LIMITED PARTNERSHIP

FILED
06 MAY 31 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
15153 CAPTIVA DRIVE CAPTIVA FL 33924-0944	15153 CAPTIVA DRIVE P.O. BOX 944 CAPTIVA FL 33924-0944

1st MOORE CR2E003 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 06-1343140 ☐ 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
ESCHERT, JOAN M 15153 CAPTIVA DRIVE CAPTIVA FL 33924-0944	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. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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	400075653654 06/02/06--01003--005 **500.00
NAME	ESCHERT, JOAN M	CITY-ST-ZIP	
STREET ADDRESS	15153 CAPTIVA DRIVE		
CITY-ST-ZIP	CAPTIVA FL		
DOCUMENT #		STREET ADDRESS	
NAME	RUEDA, SUSAN E	CITY-ST-ZIP	
STREET ADDRESS	6 ZIMMER ROAD		
CITY-ST-ZIP	GRANBY CT 06032		
DOCUMENT #		STREET ADDRESS	
NAME	COOK, KIMBERLY E	CITY-ST-ZIP	
STREET ADDRESS	700 BAY ROAD		
CITY-ST-ZIP	DUXBURY MA 02332		
DOCUMENT #		STREET ADDRESS	
NAME	ESCHERT, JAMES M	CITY-ST-ZIP	
STREET ADDRESS	C/O ASPINET, ROUTE 10		
CITY-ST-ZIP	AVON CT		
DOCUMENT #		STREET ADDRESS	
NAME	ESCHERT, WILLIAM E	CITY-ST-ZIP	
STREET ADDRESS	C/O ASPINET, ROUTE 10		
CITY-ST-ZIP	AVON CT		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: Joan M. Eschert 5/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #