


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

|  |   |
|--|---|
| <b>DOCUMENT # A93000000443</b><br>1. Entity Name<br>PALMETTO PROPERTIES LTD. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>516 LAKEVIEW ROAD<br>VILLA 8<br>CLEARWATER, FL 33756 | Mailing Address<br>516 LAKEVIEW ROAD<br>VILLA 8<br>CLEARWATER, FL 33756 |
|---|---|

**DO NOT WRITE IN THIS SPACE**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 FEB 27 AM 10: 05



01172006 No Chg-LP CR2E003 (11/05)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>59-3197177  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>SABIS, WILLIAM R<br><del>5715 NW 4TH PLACE</del><br><del>GAINESVILLE, FL 32607</del><br>330 SW 132nd Terrace<br>Newberry FL 32669 |
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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 _____ |
|-----------------|------------|

**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 #                      |                      |
| NAME                            | SABIS, WILLIAM R     |
| STREET ADDRESS                  | 330 SW 132nd Terrace |
| CITY - ST - ZIP                 | Newberry FL 32669    |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY - ST - ZIP                 |                      |
| DOCUMENT #                      |                      |
| NAME                            |                      |
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| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY - ST - ZIP                 |                      |

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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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | 6 Feb. 2006<br>Date | 727-449-1182<br>Daytime Phone # |
|--|---------------------|---------------------------------|