


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

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # A93000000749	
1. Entity Name RAYSAL LIMITED PARTNERSHIP	

Principal Place of Business 405 SEVENTH ST., S.E. JASPER FL 32052	Mailing Address POST OFFICE BOX 232 JASPER FL 32052
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent CAMP, JOHN C 405 SEVENTH ST., S.E. JASPER FL 32052	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number **59-3197958** Applied For
Not Applicable

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

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	
NAME	CAMP, JOHN C	CITY-ST-ZIP	000000469838
STREET ADDRESS	405 SEVENTH ST., S.E.		03/27/06-80019-002 508.75
CITY-ST-ZIP	JASPER FL 32052		
DOCUMENT #		STREET ADDRESS	
NAME	CAMP, ERCEL A	CITY-ST-ZIP	
STREET ADDRESS	405 SEVENTH ST., S.E.		
CITY-ST-ZIP	JASPER FL 32052		
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STREET ADDRESS			
CITY-ST-ZIP			

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: *John C. Camp* / **JOHN C. CAMP**

3/19/06

STAPLE CHECK HERE