


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

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A93000001103	
1. Entity Name <b>CIRCLE S FARMS, LTD.</b>	

Principal Place of Business <b>9471 MCINTOSH RD. DOVER FL 33527</b>	Mailing Address <b>9471 MCINTOSH RD. DOVER FL 33527</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E003 (10/05)
4. FEI Number <b>59-3207879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SWINDLE, EDWARD 9471 MCINTOSH RD. DOVER FL 33527</b>
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7. Name and Address of New Registered Agent	
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...

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 #	NAME	STREET ADDRESS	U00000488002
NAME	SWINDLE, EDWARD	CITY-ST-ZIP	04/14/06-80015-015-500.00
STREET ADDRESS	9471 MCINTOSH RD.		
CITY-ST-ZIP	DOVER FL 33527		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SWINDLE, MYRTLE L	CITY-ST-ZIP	
STREET ADDRESS	9471 MCINTOSH RD.		
CITY-ST-ZIP	DOVER FL 33527		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SWINDLE, LAURENCE E	CITY-ST-ZIP	
STREET ADDRESS	9403 MCINTOSH ROAD		
CITY-ST-ZIP	DOVER FL 33527		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SWINDLE, RODNEY E	CITY-ST-ZIP	
STREET ADDRESS	9471 MCINTOSH ROAD		
CITY-ST-ZIP	DOVER FL 33527		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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:** Edward Swindle **3-29-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE