


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:15

DOCUMENT # A94000001868
1. Entity Name
FAIR BLUFF, LTD.



Principal Place of Business
109 SOUTH RIVER ROAD
STUART, FL 34996

Mailing Address
109 SOUTH RIVER ROAD
STUART, FL 34996

DO NOT WRITE IN THIS SPACE

03312006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-0551439 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARE, ROBERT H
109 SOUTH RIVER ROAD
STUART, FL 34996

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box or other non-acceptance address)
City
FL Zip Code

DO NOT WRITE IN THIS SPACE

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 \$500.00
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 STREET ADDRESS CITY-ST-ZIP	PARE, ROBERT H 109 SOUTH RIVER ROAD STUART, FL 34996
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PARE, LIBBY E 109 SOUTH RIVER ROAD STUART, FL 34996
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

500072390025
04/27/06--01038--006 **500.00

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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: Robert H. Pare ROBERT H. PARE 3/31/06 772-287-5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #