



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

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000000871	
1. Entity Name RONALD J. NEMEYER LIMITED PARTNERSHIP	

Principal Place of Business 2234 RIVER ROAD JACKSONVILLE FL 32207	Mailing Address 2234 RIVER ROAD JACKSONVILLE FL 32207
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

	
1st MOORE	CR2E003 (10/05)
4. FEI Number 59-3317291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOYER, LORI N 2234 RIVER ROAD JACKSONVILLE FL 32207	
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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	
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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE
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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	
NAME	BOYER, LORI T	CITY-ST-ZIP	
STREET ADDRESS	2234 RIVER ROAD		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	NAUMANN, TERRELL A	CITY-ST-ZIP	
STREET ADDRESS	2234 RIVER ROAD		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
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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: <i>Lori Boyer</i>	Lori N. Boyer	March 15, 2006	904-398-0112
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE