

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

APPROVED
 AND
 FILED

06 FEB 20 PM 4:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A95000001849
 1. Entity Name
 ARBUTINE ASSOCIATES LIMITED



Principal Place of Business Mailing Address
 1350 WEST BAY DR 784 CORTEZ AVE.
 BELLEAIR BLUFFS, FL 33770 BELLEAIR BLUFFS, FL 33770

DO NOT WRITE IN THIS SPACE



01182006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3351118	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 ARBUTINE, PATRICIA L
 784 CORTEZ AVE
 BELLEAIR BLUFFS, FL 33770

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 03/02/06
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	ARBUTINE, MILLER B TRUSTEE 784 CORTEZ AVE BELLEAIR BLUFFS, FL 33770
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ARBUTINE, PATRICIA L TRUSTEE 784 CORTEZ AVE BELLEAIR BLUFFS, FL 33770
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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 03/07/06--01053--030 **250.00

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 03/07/06--01053--031 **250.00

DO NOT WRITE IN THIS SPACE

Pat
 3/3/06

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: *Patricia L. Arbutine* Date: 2/15/2006 Daytime Phone #: 927-581-6827