


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A96000000287 1. Entity Name OKEECHOBEE INN, LTD.	
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Principal Place of Business 802 NW 1ST STREET SOUTH BAY, FL 33493	Mailing Address 802 NW 1ST STREET SOUTH BAY, FL 33493
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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



02102006	Chg-LP	CR2E003 (11/05)
4. FEI Number 65-0621228		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROYAL UNITED PROPERTIES, INC. 802 NW 1ST ST. SOUTH BAY, FL 33493	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 \$500.00
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000086457	STREET ADDRESS	
NAME	ROYAL UNITED PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	802 NW 1ST ST.		
CITY-ST-ZIP	SOUTH BAY, FL 33493		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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 04/05/06-60021-017 508.75

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:  **Steven B. Royce** **2.10.06**

Date Daytime Phone #