2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A96000000485

1. Entity Name
CLARENCE-PELTON, LTD.

FILED
06 MAY -1 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
105 E. GREENTREE LANE LAKE MARY, FL 32746 US	105 E. GREENTREE LANE LAKE MARY, FL 32746 US

03302006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
130 Crown Oak Centre Dr.	130 Crown Oak Centre Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood FL	City & State: Longwood, FL
Zip: 32750 Country: US	Zip: 32750 Country: US

4. FEI Number 59-3383878 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, CHARLES C JR. 130 CROWN OAK CENTRE DR. LONGWOOD, FL 32750	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 registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. DATE

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 #		STREET ADDRESS	
NAME	SMITH, CHARLES C JR.		
STREET ADDRESS	130 CROWN OAK CENTRE DR.	CITY-ST-ZIP	700007467429 7 05/16/06--01042--002 **500.00
CITY-ST-ZIP	LONGWOOD, FL 32750		
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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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/06 Date

407-331-8004 Daytime Phone #