


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

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000000664</b> 1. Entity Name <b>MAGNOLIA POINTE OF BAY, LTD.</b>	
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Principal Place of Business <b>1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405</b>	Mailing Address <b>1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405</b>
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number <b>59-3371066</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PIPPIN, LAURETTA J 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405</b>
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number Not Acceptable)  City  FL Zip Code
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**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**

**U00000543494**  
**05/10/06-80140-003 508.75**

**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 #	<b>N43835</b>
NAME	<b>BAY EQUITY INVESTMENTS, INC.</b>
STREET ADDRESS	<b>C/O 1002 W. 23RD STREET, SUITE 400</b>
CITY-ST-ZIP	<b>PANAMA CITY, FL 32405</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Ronnie H. Adams **Ronnie H. Adams, President** **4/20/06** **(850)769-8981**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE