

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A96000001417

1. Entity Name
CHIMNEY POINT, LTD.



05 MAY -1 AM 9:47
 SEC. OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business
**13607 N.W. 50TH AVE.
 GAINESVILLE, FL 32606**

Mailing Address
**13607 N.W. 50TH AVE.
 GAINESVILLE, FL 32606**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State -

Zip

Country

Zip

Country

05012006

Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3395287

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FOGG, ALAN S ✓
~~247 SOUTH PLANTATION CIRCLE~~
~~PONTE VEDRA BEACH, FL 32082~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13607 N.W. 50th Ave

City **Gainesville**

FL

Zip Code **32606**

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

DOCUMENT # **P96000058270**
 NAME **CHIMNEY POINT MANAGEMENT, INC.** ✓
 STREET ADDRESS **13607 N.W. 50TH AVE.**
 CITY-ST-ZIP **GAINESVILLE, FL 32606**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800074660818
05/16/06--01020--011 **\$500.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/1/06

904-249-1776

Date

Daytime Phone #

STAPLE CHECK HERE