


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000001490		
1. Entity Name COUNCIL LIMITED PARTNERSHIP		



Principal Place of Business 5767 LAFRANCE ROAD TALLAHASSEE FL 32310-9108	Mailing Address 5767 LAFRANCE ROAD TALLAHASSEE FL 32310-9108
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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

1st MOORE CR2E003 (10/05)

4. FEI Number 59-3398958	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COUNCIL, EDMOND C SR. 5767 LAFRANCE ROAD TALLAHASSEE FL 32310-9108		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	COUNCIL, EDMOND C SR.	STREET ADDRESS	
NAME	5767 LAFRANCE ROAD	CITY - ST - ZIP	
STREET ADDRESS	TALLAHASSEE FL 32310-9108		
CITY - ST - ZIP			100000393720
DOCUMENT #	COUNCIL, WINNIE P	STREET ADDRESS	01/25/06-80033-002 500.00
NAME	5767 LAFRANCE ROAD	CITY - ST - ZIP	
STREET ADDRESS	TALLAHASSEE FL 32310-9108		
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

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: Winnie P. Council

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAN 18 2006 850/877-348

 Date Daytime Phone #