2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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The process	1. Entity Name								l.	DIVISION	TARY OF STATE OF CORPORATION
Principal Place of Business 37839 COUNTY ROAD 54 ZPHYRHALLS, FL 33541 Z. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. City 6 State Ci		DD MOBILE	MANNOR M	OBILE HOMÉ PARK,	•					06 APR	10 AMII: 17
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Suite, Apt. 4, etc. City & State 4, FEI Number 59-3399541 No. Applied F. Sp. 3399541 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent No. Co. S. Ames C. 37839 COUNTY ROAD 54 ZEPHYRHILLS, FL 33541 Sievel Address (P.O. Box Number is Not Acceptable) LOGIA N. S. 44 STREET City Timble Timbre FL Zing Code The obligations of registered agent. SIGNATURE Timbre May 1, 2008 6, Fee with the 3990-00 After May 1, 2008 6, Fee with the 3990-00 AGENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General charmer in Annotive Changed on the form, an amendment must be filled to change a general partner. GONDANY PRODOCOSTITIES, INC. SIRET ADDRESS CONFIST. P. TEMPLE TIMBRE FL 33541 SIRET ADDRESS CITY ST-2P GONDANY PROBLEM FL 33541 SIRET ADDRESS CITY ST-2P				10912 NORTH 56TH S	STREET						
City & State Country Country Country S. Certificate of Status Desired S. To Additional Fee Required S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Coss. JAMES C Stroet Address (P.O. Box Number is Not Acceptable) Construction Site of Figure Turner City Curry To Do Do A The Address of New Registered Agent of the Configuration of Jegistered agent, or both, in the State of Florida. I am familiar with, and so the colligiations of Jegistered agent, or both, in the State of Florida. I am familiar with, and so the colligiations of Jegistered agent. SIGNATURE Configuration Type Open Interest Agent and the Epistable. FILE NOWILL FEE IS \$500.00 A CENERAL PARTIES IN 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 filled to change a general partner. CITY ST. 2P COLUMBRY NAME STREET ADDRESS CITY ST. 2P COLUMBRY STREET ADDRESS CITY ST. 2P COLUMBRY STREET ADDRESS CITY ST. 2P COLUMBRY STREET ADDRESS CITY ST. 2P COLU	2. Principal Plac	ce of Business		3. Mailing Address							
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GOSS, JAMES C 37839 COUNTY ROAD 54 ZEPHYRHILLS, FL 33541 Einet Address (P.O. Box Number is Not Acceptable) IC912 N. C 4h STREET City Certific Temple Temp		6. Name and A	ddress of Curren	t Registered Agent	•			7. Name and A	ddress of Nev	v Registered A	gent
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent and one if applicable. SIGNATURE FILE NOWILL FEE IS \$50.00 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. OCCUMENT / NAME P96000057619 CENTRAL EQUITIES, INC. 37899 COUNTY ROAD 54 CITY-ST-2P DOCUMENT / NAME STREET ADDRESS CITY-ST-2P DOC	37839 COUN	NTY ROAD 54				Street Add	o SS dress (P.	.O. Box Number	is Not Accepta	ible)	
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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 informal 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 partner or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	indicatéd or or the receiv	n this report is tru ver or trustee emp	e and accurate an	d that my signature shall have	the same	e legal effect	t as if ma	in Chapter 119, ade under oath;	Florida Statute that I am a Gei	es. I turther cert neral Partner of	try that the information the limited partnership
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 3 / 14 / 0 4 Dayline Phone #	SIGNATU	JRE:	100					3/	14/0 C	(<u> </u>