


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

DOCUMENT # A96000001777			
1. Entity Name CHOPCO OUTDOOR ADVERTISING, LTD.			
Principal Place of Business 7747 NW 176TH LANE REDDICK FL 32686		Mailing Address P.O. BOX 1004 FAIRFIELD FL 32634	
2. Principal Place of Business		3. Mailing Address P.O. Box 1004	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7747 NW 176th LN	
City & State		City & State FAIRFIELD	
Zip	Country	Zip FL	Country US

FILED

06 MAY -1 PM 2:30

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



1st MOORE CR2E003 (10/05)

4. FEI Number 59-3409887		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent EDWARDS, JOHN MARTIN 7747 NW 176TH LANE REDDICK FL 32686		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 #	EDWARDS, JOHN MARTIN	STREET ADDRESS	
NAME	7747 NW 176TH LANE	CITY-ST-ZIP	
STREET ADDRESS	REDDICK FL 32686		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500075016745
NAME		CITY-ST-ZIP	05/22/06--01017--010 **500.00
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-30-06 (352) 2669249

STAPLE CHECK HERE