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

DO NOT WRITE IN THIS SPACE

## DOCUMENT # A96000001815

Entity Name
 CELC, LTD.



Principal Place of Business

Mailing Address

9020 RANCHO DEL RIO DRIVE, SUITE 129 NEW PORT RICHEY, FL 34655 9020 RANCHO DEL RIO DRIVE, SUITE 129 NEW PORT RICHEY, FL 34655

### FILED Mar 20, 2006 08:00 AM Secretary of State



01252006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3404597

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655

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| 8. | . The above named entity submits this statement for the purpose of changing its registered office or registere | ed agent, or both, in the State of Florida. I am familiar with, and accep | οt |
|----|--|---|----|
|    | the obligations of registered agent.   | U00000475721  |    |
|    |  |   |    |

SIGNATURE

12.

Signature, typed or printed name of registered agent and title if applicable,

04/05/06-80027-008 508 75

#### FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

GENERAL PARTNER INFORMATION

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.

| DOCUMENT # NAME STREET ADDRESS CITY+SI-ZIP          | K47763<br>TRI COUNTY DEVELOPMENT, INC.<br>9020 RANCHO DEL RIO DRIVE, SUITE 129<br>NEW PORT RICHEY, FL 34655   |
|---|---|
| DOCUMENT # NAVE STREET ADDRESS City-St-Zip          |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>C/TY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>-</u>  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |   |
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|   | NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS |

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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 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 exempte this report as required by Chapter 620, Florida Statutes

| Company | Chapter 620 | Florida Statutes | Company | Chapter 620 | Florida Statutes | Company | Chapter 620 | Chapte

SIGNATURE: 🖄

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

727-376-6831

Daytime Phone #