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

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000001918

1. Entity Name

THE FAIRE HARBOUR LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
358 CR 207-A EAST PALATKA FL 32131	P.O. BOX 699 HASTINGS FL 32145

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 59-3385595 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAIER, GAIL E
358 CR 207-A
EAS PALATKA FL 32137

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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. * 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 # NAME STREET ADDRESS CITY-ST-ZIP	 MAIER, ALBERT CARL 358 CR 207A EAST PALATKA FL 32131	STREET ADDRESS CITY-ST-ZIP	 U00000418071 02/13/06--80080--019 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 MAIER, GAIL ELIZABETH 358 CR 207A EAST PALATKA FL 32131	STREET ADDRESS CITY-ST-ZIP	
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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: A C Maier A. C. MAIER 1.30.06 386/ 325-5955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #