


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

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001995</b>					
1. Entity Name <b>THE GARRETT RANCH PARTNERSHIP, LLLP</b>					
Principal Place of Business <b>3543 STUART CT. FT. MYERS FL 33901</b>			Mailing Address <b>3543 STUART CT. FT. MYERS FL 33901</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>65-0705679</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GARRETT, LARRY P 3543 STUART CT. FT. MYERS FL 33901</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	GARRETT, LARRY P		CITY-ST-ZIP		
CITY-ST-ZIP	3543 STUART CT. FT. MYERS FL 33901				
DOCUMENT #	NAME		STREET ADDRESS		
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CITY-ST-ZIP	3543 STUART CT. FT. MYERS FL 33901				
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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 execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <b>LARRY P. GARRETT</b> <i>Larry P. Garrett</i>			Date <b>6 Feb 06</b> Daytime Phone # <b>239-334-4696</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



1st MOORE CR2E003 (10/05)

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5. Certificate of Status Desired \$8.75 Additional Fee Required

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3543 STUART CT.  
FT. MYERS FL 33901

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STAPLE CHECK HERE

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SIGNATURE: **LARRY P. GARRETT**  
*Larry P. Garrett*

Date **6 Feb 06** Daytime Phone # **239-334-4696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER