

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

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000002328**

1. Entity Name  
**SUBEMA, LTD.**



Principal Place of Business  
**837 LAKE RIDGE DRIVE  
TALLAHASSEE, FL 32312**

Mailing Address  
**P.O. BOX 2235  
TALLAHASSEE, FL 32316**



04282006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3418684**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LANGFORD, MARIAN L  
837 LAKE RIDGE DRIVE  
TALLAHASSEE, FL 32312**

**DO NOT WRITE  
IN THIS SPACE**

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 \$500.00  
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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**GRAVES, ELIZABETH T  
4216 CHIPPAWA DRIVE  
JACKSONVILLE, FL 32210**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**LANGFORD, MARIAN L  
837 LAKE RIDGE DRIVE  
TALLAHASSEE, FL 32312**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**BUTZ, SUSAN L  
2136 NW 28TH ST.  
GAINESVILLE, FL 32605**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000557810  
05/17/06-80065-002 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Marian L. Langford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**5-1-06**

Date

**850-893-5905**

Daytime Phone #

STAPLE CHECK HERE