2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A97000000696

1. Entity Name
SUPER COOL LEASING, LTD.

Principal Place of Business	Mailing Address
5645 COLONIAL OAKS BLVD. SARASOTA, FL 34232	4411 BEE RIDGE RD. #307 SARASOTA, FL 34233

01232006 Chg-LP CR2E003 (11/05)

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 65-0733240 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JEANS, TRUMAN E 5645 COLONIAL OAKS BLVD. SARASOTA, FL 34232	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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00 Check # 1025
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	THOMAS, GAYE	CITY-ST-ZIP	000000418011
STREET ADDRESS	616 MELANIE PARK CT.		02/13/06-20080-002 500.00
CITY-ST-ZIP	ASHLAND CITY, TN 37015		
DOCUMENT #		STREET ADDRESS	
NAME	JEANS, TRUMAN E	CITY-ST-ZIP	
STREET ADDRESS	5645 COLONIAL OAKS BLVD.		
CITY-ST-ZIP	SARASOTA, FL 34232		
DOCUMENT #		STREET ADDRESS	
NAME	JEANS, AMY L	CITY-ST-ZIP	
STREET ADDRESS	5645 COLONIAL OAKS BLVD.		
CITY-ST-ZIP	SARASOTA, FL 34232		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Gaye Thomas 2-1-06 615-435-5756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #