


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

**FILED  
Apr 03, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A97000001011**  
1. Entity Name  
1841 OLD CHEMSTRAND ROAD LIMITED PARTNERSHIP



Principal Place of Business: 6924 ORR ROAD, CHARLOTTE, NC 28213-6443  
Mailing Address: 6924 ORR ROAD, CHARLOTTE, NC 28213-6443

**DO NOT WRITE IN THIS SPACE**



03262006 No Chg-LP CR2E003 (11/05)

4. FEI Number: 59-3465481 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
CARNLEY, FRED J  
1841 OLD CHEMSTRAND ROAD  
CANTONMENT, FL 32533-8994

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

000000490781  
04/18/06-80021-004 500.00

**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	BOLLAG, MITCHELL S 6924 ORR ROAD CHARLOTTE, NC 282136443
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BOLLAG, LINDA M 6924 ORR ROAD CHARLOTTE, NC 282136443
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME 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: Mitch Bollag 3/30/06 704.576.2932 ext 111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #