2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001335

1. Entity Name
MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP, LTD.

Principal Place of Business
2460 OLD MOULTRIE RD., SUITE 3
ST. AUGUSTINE, FL 32086

Mailing Address
P.O. DRAWER 3127
ST. AUGUSTINE, FL 32085-3127

02142006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3470349
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SADOWSKI, GEORGE
2460 OLD MOULTRIE RD., SUITE 3
ST. AUGUSTINE, FL 32086

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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

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 #	P97000044271
NAME	GLOBILLITY, INC.
STREET ADDRESS	2460 OLD MOULTRIE RD., SUITE 3
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
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100000459243
03/18/06-80025-006 500.00

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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: _____ 3/6/06 904-797-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #