

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

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| DOCUMENT # A97000002733 |  |
| 1. Entity Name EVERNIA STATION LIMITED PARTNERSHIP | |

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| Principal Place of Business 4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS FL 33410 | Mailing Address 4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS FL 33410 |
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| 2. Principal Place of Business 3307 Northlake Suite 107 Palm Beach Gardens FL 33403 USA | 3. Mailing Address 3307 Northlake Blvd Suite 107 Palm Bch Gardens FL 33403 USA |
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FILED

06 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1st MOORE

CR2E003 (10/05)

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| 4. FEI Number 65-0806385 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CROSSEN, JOSEPH F 4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS FL 33410 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3307 Northlake Blvd. Suite 107 City Palm Bch Gardens FL Zip Code 33403 |
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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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY-ST-ZIP | P96000062486 COMPLETE PROPERTY DEVELOPMENT CORP. 4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS FL 33410 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 400075014364 05/22/06--01013--001 **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:  4/27/06 5616262778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #