
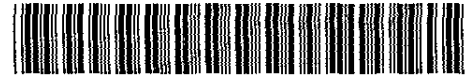


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A97000002761 |  |
| 1. Entity Name DOWLING MANAGEMENT LIMITED | |

| | |
|--|---|
| Principal Place of Business 705 WEST MADISON STREET TALLAHASSEE FL 32304 | Mailing Address P.O. BOX 308 TALLAHASSEE FL 32302 |
|--|---|



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 1st MOORE | CR2E003 (10/05) |
| 4. FEI Number 59-3483048 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent DOWLING, JAMES H JR. 705 WEST MADISON STREET TALLAHASSEE FL 32304 |
|---|

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | Zip Code |
| FL | |

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 # | | STREET ADDRESS | |
| NAME | DOWLING, JAMES H JR. | CITY - ST - ZIP | |
| STREET ADDRESS | 705 WEST MADISON STREET | | |
| CITY - ST - ZIP | TALLAHASSEE FL 32304 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | DOWLING, CATHERINE L | CITY - ST - ZIP | |
| STREET ADDRESS | 522 VINNEDGE DRIVE | | |
| CITY - ST - ZIP | TALLAHASSEE FL 32303 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

000000515028
04/29/06-80191-015 500.00

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:  **J.H. Dowling**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-14-06 **2222610**
Date Daytime Phone #