

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006


FILED

06 MAY 06 MAY 1 1: PM 43
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



DOCUMENT # A97000002890

1. Entity Name
CVIGNE FARMS LIMITED



Principal Place of Business
 1195 N.W. 165TH STREET
 CITRA, FL 32113

Mailing Address
 6371-4 PRESIDENTIAL CT
 FORT MYERS, FL 33991

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
334 NW 3RD AVENUE
 Suite, Apt. #, etc.

City & State
OCALA, FL

Zip Country
34475 USA

04252006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0815856

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JESSEN, ANDREW G
6371-4 PRESIDENTIAL COURT
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
 Name
LANCASTER, PATRICIA A.
 Street Address (P.O. Box Number is Not Acceptable)
334 NW 3RD AVENUE
 City **OCALA** FL Zip Code **34475**

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 **CHARLES R. VIGNE, GP** DATE **4-28-06**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	VIGNE, CHARLES R	CITY - ST - ZIP	
STREET ADDRESS	1195 N.W. 165TH STREET		
CITY - ST - ZIP	CITRA, FL 32113		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

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: **CHARLES R. VIGNE, GP** *Charles R. Vigne* DATE **4-28-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE