

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY - 1 21 PM 1:35
 SECRETARY OF STATE
 TALLAHASSEE-FLORIDA

DOCUMENT # A9800000624

1. Entity Name
DON CARTER COMMISSARY COMPANY LIMITED PARTNERSHIP



Principal Place of Business
**1389 NW 136 AVE.
 SUNRISE, FL 33323**

Mailing Address
**1389 NW 136 AVE.
 SUNRISE, FL 33323**

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



04112006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0001304	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	7. Name and Address of New Registered Agent	
CARTER, DON 1389 NW 136 AVE. SUNRISE, FL 33323	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CARTER, DON 9895 SW 96 ST. MIAMI, FL 33176	STREET ADDRESS	500074759525
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			05/17/06--01025--019 **500.00
DOCUMENT #	ISAN, JERRY 2420 NE 27 ST. LIGHTHOUSE POINT, FL 33064	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	POWELL, JOHN JR 36750 US HWY. 19 TARPON SPRINGS, FL 34689	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	ROSE, BURT 7025 WEST WIND SYLVANIA, OH 43560	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: Donald Carter Donald Carter 4-21-06 954-846-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE