2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Jan 11, 2006 08:00 AM Secretary of State

DOCUMENT # A9800000858 1. Entity Name RADR, LTD.			Secretary of State		
Principal Place 524A HIGHW CHIPLEY, FL		Mailing Address P.O. BOX 86 CHIPLEY, FL 32428			
		<u> </u>			
DO NOT WRITE IN THIS SPACE			CE	01062006 No Chg-LP	CR2E003 (11/05)
			OL.	FEI Number 59-3514684 Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
 	6. Name and Address of Current R	Incistored Acent	7.2	G. Caramount of States Desired	Fee Required
		tegistated Agent	7	a ser	- "
GUETTLER, ALFRED D 524A HIGHWAY 90 CHIPLEY, FL 32428				DO NOT W	RITE
				IN THIS SP	PACE
					, .=
8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its register	ered office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent as	nd that it applicable.	<u> </u>	and	DATE
	After May 1, 20	III FEE IS \$500.00 006, Fee will be \$900.00			
	A GENERAL PARTNER TH NOTE: General Partners MA	IAT IS A BUSINESS ENTITY I NOT be changed on the for	MUST BE REGIST m; an amendmer	TERED AND ACTIVE WITH THat must be filed to change a ge	IS OFFICE. eneral partner.
12.	GENERAL PARTNER				
DOCUMENT#	P98000030178 RADR ENTERPRISES, INC.	<u> </u>			
STREET ADDRESS	1378 RAILROAD AVENUE	<i>'</i>			
CITY-ST-ZIP	CHIPLEY, FL 32428	· · · · · · · · · · · · · · · · · · ·		<u>, Unogo</u> n	382468
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CITY-ST-ZIP		<u></u>			1.1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
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NAME STREET ADDRESS					

14. I hereby certify that the information supplied with this filling 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: