2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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

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1. Entity Name

THE PAPY LIMITED PARTNERSHIP

Principal Place of Business

815 EISENHOWER KEY WEST, FL 33040 Mailing Address

815 EISENHOWER KEY WEST, FL 33040



DO NOT WRITE IN THIS SPACE

01092006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0839475 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

	The second secon	3. S. Marine	720110401100		
	6. Name and Address of Current Registered Agent				
PAPY, BERNIE C III 815 EISENHOWER KEY WEST, FL 33040		DO NOT WRITE IN THIS SPACE			
			48% s.c.		
The above the obligation	named entity submits this statement for the purpose of changing its regions of registered agent.	pistered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept		
SIGNATURE -	Signature, typed or printed name of registered agent and title if applicable.		DATE		
	FILE NOWI!! FEE 18 \$500.00 After May 1, 2006, Fee will be \$900.0	0			
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				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PAPY, MARILYN MALPAS 815 EISENHOWER KEY WEST, FL 33040		unnaaa389807		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PAPY, BERNIE C III 815 EISENHOWER KEY WEST, FL 33040	(71/20/06-80061-005 500.00		
DOCUMENT # NAME STREET ADDRESS CHTY-ST-ZIP			OT WRITE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN (F	IIS SPACE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
OGCUMENT # NAME					

14. I hereby certify that the information supplied with this filing does not quality 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

13/00

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