

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A98000001282

1. Entity Name
QUIETWATER LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 8:59

Principal Place of Business
1101 GULF BREEZE PARKWAY, STE. 109
GULF BREEZE, FL 32561

Mailing Address
1101 GULF BREEZE PARKWAY, STE. 109
GULF BREEZE, FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number

59-3512026

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASE, JAMES L
101 EAST GOVERNMENT STREET
PENSACOLA, FL 32501

Name **Butts, Edward**
 Street Address (P.O. Box Number is Not Acceptable)

1101 Gulf Breeze Pkwy Suite 109
 City **Gulf Breeze** **FL** Zip Code **32561**

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

[Signature]

Edward Butts

3/24/2006

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 # **P97000102341**
 NAME **QUIETWATER CAPITAL MANAGEMENT, INC.**
 STREET ADDRESS **1101 GULF BREEZE PARKWAY, STE. 200**
 CITY-ST-ZIP **GULF BREEZE, FL 32561**

STREET ADDRESS **1101 Gulf Breeze Pkwy Suite 109**
 CITY-ST-ZIP **Gulf Breeze, FL 32561**

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 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:

[Signature]

Edward Butts

3/24/2006

850-934-1118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE