


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001435	
1. Entity Name COTTON OF KEY WEST LIMITED PARTNERSHIP	

Principal Place of Business 30 BAMBOO TERRACE KEY WEST FL 33040	Mailing Address P.O. BOX 2652 KEY WEST FL 33045
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E003 (10/05)
4. FEI Number 65-0837158	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 BOHATCH, JOHN S PENTHOUSE 8, DOUGLAS CENTRE 2600 DOUGLAS ROAD CORAL GABLES FL 33134	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____
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FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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	COTTON, WILLIAM F	CITY-ST-ZIP	
STREET ADDRESS	30 BAMBO TERRACE		
CITY-ST-ZIP	KEY WEST FL 33040		U000000475922
DOCUMENT #		STREET ADDRESS	
NAME	COTTON, LOIS G	CITY-ST-ZIP	
STREET ADDRESS	30 BAMBO TERRACE		04/05/06-B0035-015 500.00
CITY-ST-ZIP	KEY WEST FL 33040		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: <u>Lois G. Cotton</u>	Lois G. Cotton	3-16-06	305-294-201
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STAPLE CHECK HERE