

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

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002009	
1. Entity Name CONOVER ENTERPRISES, LTD.	

Principal Place of Business 987 OLD MOUNT DORA ROAD EUSTIS FL 32726	Mailing Address 987 OLD MOUNT DORA ROAD EUSTIS FL 32726
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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 **59-3530477** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONOVER, CHARLES A 987 OLD MOUNT DORA ROAD EUSTIS FL 32726
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7. Name and Address of New Registered Agent	
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. * 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 #	NAME	STREET ADDRESS	
STREET ADDRESS	CONOVER, CHARLES A TRUSTEE	CITY-ST-ZIP	
CITY-ST-ZIP	987 OLD MOUNT DORA ROAD EUSTIS FL 32726		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CONOVER, BILLIE J TRUSTEE	CITY-ST-ZIP	
CITY-ST-ZIP	987 OLD MOUNT DORA ROAD EUSTIS FL 32726		
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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 Charles A. Conover **CHARLES A. CONOVER** 1/24/2006 352-357-787

STAPLE CHECK HERE