


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002825 1. Entity Name BUCKHORN NURSERY, LTD.					
Principal Place of Business 475 LAMBERT ROAD WAUCHULA, FL 33873			Mailing Address 475 LAMBERT ROAD WAUCHULA, FL 33873		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0885033	
6. Name and Address of Current Registered Agent LAMBERT, RONALD B 475 LAMBERT ROAD WAUCHULA, FL 33873				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 #	P98000105824			STREET ADDRESS	
NAME	BUCKHORN NURSERY, INC.			CITY-ST-ZIP	
STREET ADDRESS	475 LAMBERT ROAD				
CITY-ST-ZIP	WAUCHULA, FL 33873				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					



03092006 Chg-LP CR2E003 (11/05)
 4. Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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: Brian Lambert Brian Lambert 3/23/06 86377366
Signature and typed or printed name of signing General Partner Date Daytime Phone #