

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:20

**DOCUMENT # A99000000497**

1. Entity Name  
PEACHTREE LAND HOLDINGS, LTD.



Principal Place of Business  
1106 ASCOTT VALLEY DR.  
DULUTH, GA 30097

Mailing Address  
P.O. BOX 789  
PLANT CITY, FL 33564-0789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052006

Chg-LP

CR2E003 (11/05)

City & State

City & State

4. FEI Number

58-2504568

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

PLATT, RANDELL  
101 EAST MAHONEY STREET  
PLANT CITY, FL 33566

Name

Street Address (P.O. Box Number is Not Acceptable)

600 W. DR. MARTIN LUTHER KING JR BLVD.

City

PLANT CITY

FL

Zip Code

33563

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, 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 # F99000001503  
NAME PEACHTREE MANAGEMENT CONSULTANTS, INC.  
STREET ADDRESS 1106 ASCOTT VALLEY DRIVE  
CITY-ST-ZIP DULUTH, GA 30097

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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100069077441  
03/31/06--01005--017 \*\*500.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/14/06 404.307.5055

STAPLE CHECK HERE