

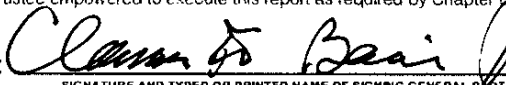


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT #A99000000514 1. Entity Name BOWLES FARM LIMITED PARTNERSHIP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 FEB 24 AM 10:06	
Principal Place of Business 1409 BAYTOWNE AVENUE EAST DESTIN, FL 32541				Mailing Address P.O. BOX 6592 NAVARRE, FL 32566			
2. Principal Place of Business 2190 CHATSWORTH DRIVE		3. Mailing Address Suite, Apt. #, etc.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State NAVARRE, FLORIDA		City & State		02132006 Chg-LP CR2E003 (11/05)		4. FEI Number 59-3591225	
Zip 32566		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAIN, ONEIDA B 2190 CHATSWORTH DRIVE NAVARRE, FL 32566				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 _____ <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 # NAME STREET ADDRESS CITY ST ZIP BAIN, ONEIDA B 2190 CHATSWORTH DRIVE NAVARRE, FL 32566				STREET ADDRESS CITY ST ZIP <div style="text-align: center; border: 1px solid black; padding: 5px;"> 800067300088 03/07/06--01016--012 **500.00 </div>			
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP BAIN, CARENCE D JR. 2190 CHATSWORTH DRIVE NAVARRE, FL 32566				STREET ADDRESS CITY ST ZIP			
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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: 				2-13-06 850-916-9086			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>			

STAPLE CHECK HERE