

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 27 AM 11:14

**DOCUMENT # A99000000515**

1. Entity Name  
**BLACK RIVER RANCH LIMITED PARTNERSHIP**



Principal Place of Business  
**C/O MRS. LOIS C. DONOVAN**  
**6401 S.W. THISTLE TERRACE**  
**PALM CITY, FL 34990**

Mailing Address  
**% T. MICHAEL CROOK CPA**  
**33 FLAGLER AVENUE**  
**STUART, FL 34994**

2. Principal Place of Business  
**C/O MRS LOIS C. DONOVAN**

3. Mailing Address

Suite, Apt. #, etc.  
**1701 SW. CAPRI, VILLA 174**

Suite, Apt. #, etc.

City & State  
**PALM CITY, FL**

City & State

Zip  
**34990**

Country

Zip

Country

03012006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**65-0906488**

Applied For  
 Not Applicable

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

**CROOK, MICHAEL CPA**  
**33 FLAGLER AVENUE**  
**STUART, FL 34994**

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

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

DOCUMENT # **P99000019646**  
 NAME **BLACK RIVER RANCH, INC.**  
 STREET ADDRESS **6401 S.W. THISTLE TERRACE**  
 CITY-ST-ZIP **PALM CITY, FL 34990**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1701 SW. CAPRI, VILLA 174**  
 CITY-ST-ZIP **PALM CITY, FL 34990**

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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:**

*Lois C Donovan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*3/10/06*

STAPLE CHECK HERE