


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

SEC
DIVISION
06 FEB 14 AM 11:19
STATE
CLERK

DOCUMENT # A99000000653	
1. Entity Name LIVIENCLARK, LTD.	

Principal Place of Business 3615 JETTON AVE. TAMPA FL 33629	Mailing Address 3615 JETTON AVE. TAMPA FL 33629
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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 59-3569655		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HINES, JAMES P ESQ C/O HINES & ASSOCIATES, P.A. 315 SOUTH HYDE PARK AVENUE TAMPA FL 33609		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	WILSON, ALBERT A TRUSTEE	CITY-ST-ZIP	
CITY-ST-ZIP	3615 JETTON AVE. TAMPA FL 33629		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	WILSON, CAMYLLE D TRUSTEE	CITY-ST-ZIP	
CITY-ST-ZIP	3615 JETTON AVE. TAMPA FL 33629		
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

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02/28/06--01016--029 **500.00

STAPLE CHECK HERE

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:  **ALBERT A. WILSON** Feb 2, 2006 (94) 964-2501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #