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

## Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # A99000000737 **FULTON STREET LIMITED PARTNERSHIP** Mailing Address Principal Place of Business 362 SUDDUTH CIRCLE FORT WALTON BEACH FL 32548 362 SUDDUTH CIRCLE FORT WALTON BEACH FL 32548 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. If, etc. 1st MOORE CR2E003 (10/05) Applied For City & State City & State 4. FEI Number 59-3581787 Not Applicat Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CHURCH, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 362 SUDDUTH CIRCLE FORT WALTON BEACH FL 32548 Zip Code 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 Supported by providing a provided partie of registrored 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. GENERAL PARTNER INFORMATION 12. DOCUMENT & L99000002600 STREET ADDRESS NAME RETIREMENT L.L.C. STREET ADDRESS 362 SUDDUTH CIRCLE CITY ST - ZIP U00000491448 City-S1-21P FORT WALTON BEACH FL 32548 <del>04/19/06-30022-02</del>0 <del>500</del>.00 OOCUMENT I STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT ( จะก็จะไว้ กอีบิทยรร STREET ADDRESS City-S1-2iP CITY-ST-ZIP COCCOMONT # STREET ADDRESS NAME STREET ACCURESS CITY ST-ZIP ENTY-ST-ZIP 五品品 DOCUMENT # STREET ADDRESS NAME CHECK STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIF DOCUMENT ( STREET ACORESS NAME STREET ADDRESS CUTY-ST-ZIP CHY-SI-ZYP 14. I hereby certify that the information supplied with this filing does not quality 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 it 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

Retirement Like. Namer R. CHURCH Worch 24,2

FILED