

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

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000765**

**1. Entity Name**  
**THE CESIC LIMITED PARTNERSHIP**



**Principal Place of Business**  
3601 N.W. 91ST LANE  
JASPER, FL 32052

**Mailing Address**  
3601 N.W. 91ST LANE  
JASPER, FL 32052



01242006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3577323

**Applied For**  
Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fees Required**

**6. Name and Address of Current Registered Agent**

BEHBRY, IRVIN C  
3601 N.W. 91ST LANE  
JASPER, FL 32052

**DO NOT WRITE**  
**IN THIS SPACE**

**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 file 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 #**  
**NAME** BEHBRY, IRVIN C  
**STREET ADDRESS** 3601 N.W. 91ST LANE  
**CITY-ST-ZIP** JASPER, FL 32052

**DOCUMENT #**  
**NAME** BEHBRY, CHARLEEN D  
**STREET ADDRESS** 3601 N.W. 91ST LANE  
**CITY-ST-ZIP** JASPER, FL 32052

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

000000417633  
02/13/06-80062-017 500.00

**DO NOT WRITE**  
**IN THIS SPACE**

**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:**

*Irvin C. Behbry* **IRVIN C. Behbry** 1/30/06  
386-792-2985

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**Date**

**Daytime Phone #**

STAPLE CHECK HERE