

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

**FILED**  
**Jun 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A99000000871

1. Entity Name  
THE BISHOP CAPITAL MANAGEMENT LIMITED  
PARTNERSHIP



Principal Place of Business

1601 FORUM PLACE  
SUITE 801  
WEST PALM BEACH, FL 33401

Mailing Address

1601 FORUM PLACE  
SUITE 801  
WEST PALM BEACH, FL 33401



03282006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0957497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DAVID J CPA  
1601 FORUM PLACE, SUITE 801  
WEST PALM BEACH, FL 33401

**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

*William S Bishop*

WILLIAM S. BISHOP

4-6-06

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 # P99000045338  
NAME BISHOP CAPITAL MANAGEMENT, INC.  
STREET ADDRESS 1601 FORUM PLACE  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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06/13/06-80003-001 500.00

**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:

*William S Bishop*

WILLIAM S. BISHOP

6-5-06

760 542 2270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE