## 2006 LIMITED PARTNERSHIP ANNUAL REPORT FILED Due By May 1, 2006 May 01, 2006 08:00 Al DOCUMENT # A99000000874 **Secretary of State** COLSON INVESTMENTS, LTD. Principal Place of Business Mailing Address 181 CARICA ROAD 181 CARICA ROAD NAPLES, FL 34108 NAPLES, FL 34108 04242006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2769324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HECKER, SUSAN BARRETT DO NOT WRITE WILLIAMS, PARKER, HARRISON, DIETZ 200 SOUTH ORANGE AVENUE IN THIS SPACE SARASOTA, FL 34236 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 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # L99000001129 COLSON INVESTMENTS LLC STREET ADDRESS 181 CARICA ROAD CITY ST-ZIP NAPLES, FL 34108 U000000554331 DOCUMENT # 05/15/06-80089-002 500.00 NAME STREET ADDRESS CITY ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ALIGNESS CITY ST-ZIP IN THIS SPACE DUCLMENT # NAME STREET ADDRESS CITY ST ZIP DOCUMENT . NAME STREET AGDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutés. 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 ampowered to execute this report as required by Chapter 620, Florida Statutes 0650N

SIGNATURE:

CHTY-ST 7IP DOCUMENT # NAME STREET ADDRESS CITY ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

Daytime Phone 4