


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

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A99000000874  
 1. Entity Name  
 COLSON INVESTMENTS, LTD.



Principal Place of Business 181 CARICA ROAD NAPLES, FL 34108	Mailing Address 181 CARICA ROAD NAPLES, FL 34108
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**DO NOT WRITE IN THIS SPACE**



04242006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-2769324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HECKER, SUSAN BARRETT  
 WILLIAMS, PARKER, HARRISON, DIETZ  
 200 SOUTH ORANGE AVENUE  
 SARASOTA, FL 34236

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L99000001129
NAME	COLSON INVESTMENTS LLC
STREET ADDRESS	181 CARICA ROAD
CITY ST ZIP	NAPLES, FL 34108
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY ST ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY ST ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000554331  
 05/15/06-80089-002 500.00

**DO NOT WRITE IN THIS SPACE**

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: Myraia M Colson as manager X 4/28/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #