


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

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000001498		
1. Entity Name SEGOVIA VENTURES, LTD		

Principal Place of Business 3733 W. UNIVERSITY BLVD STE 115-A JACKSONVILLE FL 32217	Mailing Address 3733 W. UNIVERSITY BLVD STE 115-A JACKSONVILLE FL 32217
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E003 (10/05)

4. FEI Number 59-3598897	Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
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ANSBACHER, JORDAN 3733 W. UNIVERSITY BLVD STE 115-A JACKSONVILLE FL 32217
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7. Name and Address of New Registered Agent	
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Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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
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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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	HELMING, DONNA		
STREET ADDRESS	3733 W. UNIVERSITY BLVD., STE 115A	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL 32217		
DOCUMENT #	NAME	STREET ADDRESS	
	COHEN, MICHELE		
STREET ADDRESS	3733 W. UNIVERSITY BLVD., STE 115A	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL 32217		
DOCUMENT #	NAME	STREET ADDRESS	
	ANSBACHER, BRIAN		
STREET ADDRESS	3733 W. UNIVERSITY BLVD., STE 115A	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL 32217		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

00000402011
02/02/06-80069-004 500.00

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: *Donna Helming* 1/24/06 (904) 733-120-