


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

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

<b>DOCUMENT # A99000001648</b>	
1. Entity Name <b>CKM INVESTMENTS LIMITED, LLP</b>	

Principal Place of Business <b>11001 DANKA WAY N SUITE 3 ST. PETERSBURG FL 33716</b>	Mailing Address <b>11001 DANKA WAY N SUITE 3 ST. PETERSBURG FL 33716</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **59-3602159** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>BARGER, MICHAEL E 11001 DANKA WAY N SUITE 3 ST. PETERSBURG FL 33716</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	STREET ADDRESS	
	<b>BARGER, MICHAEL E</b>	<b>11001 DANKA WAY N #3</b>	CITY - ST - ZIP	
		<b>ST. PETERSBURG FL 33716</b>		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
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			CITY - ST - ZIP	

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02/24/06-80009-015 500.00

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: *[Signature]* **MICHAEL E. BARGER** 1-26-06 727-520-7711

STAPLE CHECK HERE