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

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000001696

1. Entity Name

GRAYSTONE PROPERTIES, LTD.

Principal Place of Business
1002 SOUTH HARBOUR ISLAND BLVD., STE.
TAMPA FL 33602

Mailing Address
P.O. BOX 840
THONOTOSASSA FL 33592

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-3607614 — Applied For / Not Applicable

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

6. **Name and Address of Current Registered Agent**

PHILLIPS, ALTON B
1002 SOUTH HARBOUR ISLAND BLVD., STE. 1502
TAMPA FL 33602

7. **Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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. DATE

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 / CITY-ST-ZIP	ALTON BURT PHILLIPS 1002 SOUTH HARBOUR ISLAND BLVD., STE. 1502 TAMPA FL 33602	STREET ADDRESS / CITY-ST-ZIP	U00000500839 04/25/06-80037-016 500.00
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	PHILLIPS, JOHN A 2 MAPLEWOOD STREET LARCHMONT NY 10538	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
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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: A B Phillips   4/6/06   813 986-6183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #