

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A99000001952

1. Entity Name
HELMAG INVESTMENT, LTD.



Principal Place of Business
**8881 Terrene Ct. Suite 104
Bonita Springs, FL 34135**

Mailing Address
**P.O. Box 2311
Bonita Springs, FL 34133**

Change
FILED
05 MAY -06 MAY 1:18 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3607882	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

**WRIGHT, CHRISTINE F
4427 SE 16TH PLACE #2
CAPE CORAL, FL 33904**

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 #	P99000102420
NAME	HELMAG MANAGEMENT, INC.
STREET ADDRESS	4001 TAMiami TRAIL NORTH, SUITE 265
CITY-ST-ZIP	NAPLES, FL 34103

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05/17/06--01016--011 **500.00

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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:

Thomas J. Luke
THOMAS J. LUKE 4/25/06 239.390.0991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE