


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

DOCUMENT # A99000001970	
1. Entity Name THE NORTON INVESTMENT & MANAGEMENT GROUP, LTD.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 10: 05

Principal Place of Business 1214 BRIGHTON WAY LAKELAND FL 33813	Mailing Address 1214 BRIGHTON WAY LAKELAND FL 33813
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-3609743	Applied For <input type="checkbox"/> Not Applicable
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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 NORTON, KELLY E 1214 BRIGHTON WAY LAKELAND FL 33813	
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7. Name and Address of New Registered Agent	
Name Norton, Kelly E	
Street Address (P.O. Box Number is Not Acceptable) 1337 BRIGHTON WAY	
City LAKELAND, FL	Zip Code 33813

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 #		STREET ADDRESS	1337 BRIGHTON WAY
NAME	NORTON, KELLY E	CITY-ST-ZIP	LAKELAND, FL 33813
STREET ADDRESS	1214 BRIGHTON WAY	STREET ADDRESS	1337 BRIGHTON WAY
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	LAKELAND, FL 33813
DOCUMENT #		STREET ADDRESS	
NAME	NORTON, DONNA W	CITY-ST-ZIP	
STREET ADDRESS	1214 BRIGHTON WAY		
CITY-ST-ZIP	LAKELAND FL 33813		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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03/20/06--01014--006 **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: **Kelly Norton**

2-16-06 (863) 644-1784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE