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

SIGNATURE

Feb 23, 2006 08:00 AM DOCUMENT # A99000002034 Secretary of State 1. Entity Name NOCATEE-MANATEE CRATE, LTD. Principal Place of Business Mailing Address 1625 CLARENDON AVE. 1625 CLARENDON AVE. LAKELAND FL 33803 LAKELAND FL 33803 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For City & State City & State 4. FEI Number 59-3597169 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLESSING, RANDALL M Street Address (P.O. Box Number is Not Acceptable) 1625 CLARENDON AVE. LAKELAND FL 33803 Zip Code City 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY OCCUMENT # P99000058127 STREET ADDRESS NAME NOCATEE-MANATEE CRATE COMPANY, INC. STREET ADDRESS 1625 CLARENDON AVE. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 11000)#1443303 - DOCUMENT # 03/06/06-80001-003 500.00 STREET ADDRESS NAME STREET ADDRESS C07Y-S1-78P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CUTY-53-28P DITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CSTY-ST-ISP 14. Thereby 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 employeed to execute this report as required by Chapter 620, Florida Statutes

RANDALL M BLESSING 2/19/6___

(363) 6828485

FILED