

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

DOCUMENT # A99000002095		
1. Entity Name LINGER LONGER LIMITED PARTNERSHIP		

SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

06 FEB -8 AM 10:00

Principal Place of Business 106 SOUTH RANGE STREET MADISON FL 32340	Mailing Address 106 SOUTH RANGE STREET MADISON FL 32340
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2. Principal Place of Business Suite, Apt. #, etc. 195 N. WASHINGTON AVE City & State		3. Mailing Address Suite, Apt. #, etc. 195 N. WASHINGTON AVE City & State		4. FEI Number 59-3613121	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent BEGGS, THOMAS J III 106 SOUTH RANGE STREET MADISON FL 32340		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 195 N. Washington Ave City FL 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.

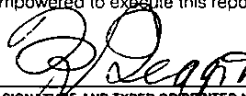
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 CITY-ST-ZIP	P96000102947 T.J. BEGGS AND COMPANY, INCORPORATED 106 SOUTH RANGE STREET MADISON FL 32340	STREET ADDRESS CITY-ST-ZIP	900066126689 02/17/06--01013--007 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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. BEGGS III Pres** **2/1/06 850 9736114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE