2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 07, 2006 08:00 AM Secretary of State

DOCUMENT # A99000002240 1. Entity Name E.R. WHITEHEAD LIMITED PARTNERSHIP	
Principal Place of Business	Malling Address
601 6TH ST SW	601 6TH ST SW

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WINTER HAVEN, FL 33880

01052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3639408

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

WHITEHEAD, EVERETT R 601 6TH ST SW WINTER HAVEN, FL 33880

WINTER HAVEN, FL 33880

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 The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. 	agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and ride if applicable	DATE
FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTED NOTE: General Partners MAY NOT be changed on the form; an amendment of	

GENERAL PARTNER INFORMATION DOCUMENT # NAME WHITEHEAD, EVERETT R STREET ADDRESS 601 6TH ST SW CITY-ST-71P WINTER HAVEN, FL 33880 DOCUMENT # NAME STREET ADDRESS City-ST-ZIP DOCUMENT & NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT & NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

14. It hereby certify that the information supplied with this filling 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

Everett R Whitehead SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(863) 293-6473 Dayline Prone #

STAPLE CHECK

DOCUMENT # NAME STREET ADDRESS