

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000002267 1. Entity Name SUNSHINE FOLIAGE ENTERPRISES, LTD.	
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Principal Place of Business 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890	Mailing Address P.O. BOX 328 ZOLFO SPRINGS, FL 33890
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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

04262006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0975415	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAMBERT, EDWARD W 2721 BAILES ROAD ZOLFO SPRINGS, FL 33890
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____
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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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
P97000053058 SUNSHINE FOLIAGE WORLD, INC. 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890	
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05/20/06-80016-018 500.00

STAPLE CHECK HERE

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: 	5-106	Date _____ Daytime Phone # _____
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