

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 28 AM 9:27

DOCUMENT # B02000000406

1. Entity Name
EAKES INVESTMENT COMPANY, LIMITED
PARTNERSHIP



Principal Place of Business
PO BOX 149
KURE BEACH, NC 28449

Mailing Address
PO BOX 149
KURE BEACH, NC 28449

DO NOT WRITE IN THIS SPACE



01092006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
56-1077474

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S ESQ.
2101 WEST COMMERCIAL BLVD., STE. 4100
FT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 \$500.00
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

DOCUMENT #	F02000006093
NAME	PLEASANT CARE, INC.
STREET ADDRESS	PO BOX 149
CITY-ST-ZIP	KURE BEACH, NC 28449

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CITY-ST-ZIP	

PAID 400078467814
08/08/06--01026--024 **500.00

APR 21 2006 400078467814
08/08/06--01026--025 **400.00

ck# 1866

**DO NOT WRITE
IN THIS SPACE**

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: Doris W. Eakes Doris W. Eakes

4/21/06

910-458-6689