## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2006 Jan 17, 2006 08:00 AM Secretary of State **DOCUMENT # B03000000081** 1. Entity Name DRIFTWOOD, LTD. Principal Place of Business Mailing Address 41 W. 1-65 SERVICE RD N. P.O. BOX 160306 THIRD FLOOR-COLONIAL BANK CENTRE MOBILE, AL 36616-1306 MOBILE, AL 36608-1201 01092006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 63-0762590 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAMPUS, JOE DO NOT WRITE 3298 SUMMIT BLVD. #18 PENSACOLA, FL 32503 IN THIS SPACE 3. 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 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # F03000001112 NAME THE MITCHELL COMPANY OF THE SOUTHEAST STREET ADDRESS 41 W. 1-65 SERVICE RD. CITY -ST-ZIP MOBILE, AL 36608 U00000388765 U1/20/06-80019-015 500.00 DOCUMENT # MAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE **DOCUMENT €** STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

14. I 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

SIGNATURE

NAME STREET ADDRESS City-S1-ZiP

D NAME OF SIGNING GENERAL PARTNER