

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

2006 APR 27 P 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102006 Chg-LP CR2E003 (11/05)

DOCUMENT # B03000000161	
1. Entity Name NEW HORIZONS ENERGY, L.P.	

Principal Place of Business C/O TTI TECHNOLOGIES, INC. 444 REGENCY PARKWAY DRIVE, #311 OMAHA, NE 68114	Mailing Address C/O TTI TECHNOLOGIES, INC. 444 REGENCY PARKWAY DRIVE, #311 OMAHA, NE 68114
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2. Principal Place of Business 207 La Vista Dr.	3. Mailing Address P.O. Box 24190
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Nashville, TN	City & State Gallows Bay, St. Croix
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Zip 37215	Country USA	Zip 00824	Country USVI
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4. FEI Number 76-0551433	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 file if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$800.00

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	M03000001418 NEW HORIZONS ENERGY, L.L.C. 207 SYCAMORE HILLS COURT LOUISVILLE, KY 40245	STREET ADDRESS CITY-ST-ZIP	207 La Vista Dr. Nashville, TN 37215
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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: *[Signature]* **4/15/06** **605-292-5788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE