


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # B05000000275		
1. Entity Name THE BRUCE AND ROCHELLE, LP		

Principal Place of Business 1085 HWY A1A UNIT 1601 SATELLITE BEACH FL 32937	Mailing Address 2001 GRAND ISLAND COURT LAS VEGAS NV 89117
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2. Principal Place of Business 700 BARCOTE ST	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MELBOURNE, FL	City & State
Zip 32904	Country USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 9:38

1st MOORE CR2E003 (10/05)

4. FEI Number 86-0885579

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEGALA, CESAR B 1811 HIGHWAY A1A, UNIT 2106 INDIAN HARBOR BEACH FL 32937	7. Name and Address of New Registered Agent Name DEGALA, CESAR B. Street Address (P.O. Box Number is Not Acceptable) 1085 HIGHWAY A1A UNIT 1601 SATELLITE BEACH City FL Zip Code 32937
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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 title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
	DEGALA, CESAR B		
STREET ADDRESS	2001 GRAND ISLAND COURT	CITY-ST-ZIP	
	LAS VEGAS NV 89117		
DOCUMENT #	NAME	STREET ADDRESS	
	DEGALA, LILY B		
STREET ADDRESS	2001 GRAND ISLAND COURT	CITY-ST-ZIP	
	LAS VEGAS NV 89117		
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STREET ADDRESS		CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	

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:  4/12/06 702-300-4162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE