
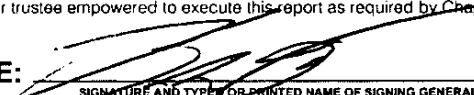


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

APR 24 AM 11:13

DOCUMENT # B05000000354 1. Entity Name BLUE BONNET ENTERPRISES, LTD.					
Principal Place of Business 520 LOGAN ST. DENVER, CO 80203			Mailing Address 520 LOGAN ST. DENVER, CO 80203		
2. Principal Place of Business		3. Mailing Address 650 S. Central Ave.			
Suite, Apt. #, etc. Suite 1000		Suite, Apt. #, etc. Suite 1000			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32705	Country USA	Zip 32705	Country USA		
4. FEI Number 20-1031549				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01172006 Chg-LP CR2E003 (11/05)	
6. Name and Address of Current Registered Agent CLARK, SCOTT D 655 W. MORSE BLVD., SUITE 212 WINTER PARK, FL 32789			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
800074090408 05/08/06 - 01/08/07 **\$500.00					
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	L03000005112 SUMMIT RIDGE VENTURES, L.L.C. 699 BEAR PAW CT. WINTER SPRINGS, FL		STREET ADDRESS CITY-ST-ZIP	650 S. Central Ave. Suite 1000 Orlando, FL 32765	
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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: 			Kenneth L. White		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 1/25/06 Daytime Phone #: 407 366-9668		

STAPLE CHECK HERE