

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:16

DOCUMENT # B05000000532

1. Entity Name
 ACHIEVE ABSTRACT L.P.



Principal Place of Business
 2 WOODLAND ROAD
 WYOMISSING, PA 19610

Mailing Address
 101 NORTH 7TH STREET
 WEST READING, PA 19611

2. Principal Place of Business
 101 N. 7th Avenue
 Suite, Apt. #, etc.

3. Mailing Address
 2 WOODLAND RD
 Suite, Apt. #, etc.



03282006 Chg-LP CR2E003 (11/05)

City & State
 West Reading, PA
 Zip 19611 Country USA

City & State
 WYOMISSING, PA
 Zip 19610 Country USA

4. FEI Number 20-1332426
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WILLARD, DEB
 5901 US HIGHWAY 19, SUITE 12
 NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name Willard, Deb
 Street Address (P.O. Box Number is Not Acceptable)
 12000 US HIGHWAY 19
 City HUDSON FL Zip Code 34667

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 DEB WILLARD, Agent
 Signature, typed or printed name of registered agent and title if applicable

3/20/2006
 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M04000000679	STREET ADDRESS	
NAME	BENSON SETTLEMENT COMPANY, LLC	CITY-ST-ZIP	
STREET ADDRESS	2 WOODLAND ROAD		
CITY-ST-ZIP	WYOMISSING, PA 19610		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900072413019
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/20/2006
 Date

6106854400
 Daytime Phone #