


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

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # B97000000041			
1. Entity Name SPIDEV LIMITED PARTNERSHIP			
Principal Place of Business 1600 GOVERNORS DRIVE PENSACOLA FL 32514		Mailing Address 2542 WILLIAMS BOULEVARD ATTN: LEGAL DEPARTMENT KENNER LA 70062	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent GART, DAVID A 250 AUSTRALIAN AVENUE SOUTH, SUITE 500 WEST PALM BEACH FL 33401		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	



1st MOORE CR2E003 (10/05)
4. FEI Number **72-1350129** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

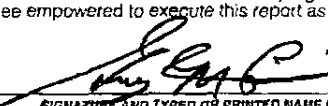
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	P96000098983	STREET ADDRESS	
NAME	SIZ-DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	2542 WILLIAMS BLVD.		
CITY-ST-ZIP	KENNER LA 70062-5596		
DOCUMENT #		STREET ADDRESS	000000442538
NAME		CITY-ST-ZIP	03/04/06-80027-001 500.00
STREET ADDRESS			
CITY-ST-ZIP			
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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:  **Guy M. Cheranic** 2/8/06 504-471-6601