


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 18 AM 11:16

DOCUMENT # B9700000312
1. Entity Name
GUARANTEE PROPERTIES LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
**10654 SUNSET POINT LANE
FISHERS, IN 46038** **10654 SUNSET POINT LANE
FISHERS, IN 46038**

DO NOT WRITE IN THIS SPACE

[Handwritten Signature]



01062006 No Chg-LP CR2ED03 (11/05)

4. FEI Number 35-1755060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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 \$500.00
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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	ARMSTRONG, G. WILLIAM	10654 SUNSET POINT LANE	FISHERS, IN 46038 46037
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	ARMSTRONG, LINDA D	10654 SUNSET POINT LANE	FISHERS, IN 46038 46037
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

100065000511
02/01/06--01079--012 ***500.00

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: G. WILLIAM ARMSTRONG Date: 1-6-06 Daytime Phone: 31759-9746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER