


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # B97000000401		
1. Entity Name THE BARBOUR ENTERPRISES LIMITED PARTNERSHIP I		
Principal Place of Business P.O. BOX 661 NEW PHILADELPHIA, OH 44663		Mailing Address P.O. BOX 661 NEW PHILADELPHIA, OH 44663
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MORGAN, JOHN M 302 LEE BLVD., SUITE 102 LEHIGH ACRES, FL 33936		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Not Accepted) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		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 #	BARBOUR, HUGH R	STREET ADDRESS
NAME	2189 POSSUM HOLLOW RD SE, (P.O. BOX 661)	CITY-ST-ZIP
STREET ADDRESS	NEW PHILADELPHIA, OH 44663	
CITY-ST-ZIP		
DOCUMENT #	BARBOUR, EVA M	STREET ADDRESS
NAME	2189 POSSUM HOLLOW RD SE, (P.O. BOX 661)	CITY-ST-ZIP
STREET ADDRESS	NEW PHILADELPHIA, OH 44663	
CITY-ST-ZIP		
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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: <u>Hugh R. Barbour</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date <u>4-11-06</u> Daytime Phone # <u>239 454-6948</u>



04032006 No Chg-LP CR2E003 (11/05)

4. FEI Number
34-1818267

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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04/28/06-80020-023 500.00

STAPLE CHECK HERE