

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

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B98000000730**

1. Entity Name  
**NANCY, L.P.**



Principal Place of Business  
**1911 MCDADE LANE  
CHATTANOOGA, TN 37405**

Mailing Address  
**1911 MCDADE LANE  
CHATTANOOGA, TN 37405**



01272006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1764738**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**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

Signature, typed or printed name of registered agent and title if applicable.

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**

DOCUMENT #	NAME
STREET ADDRESS	1911 MCDADE LANE
CITY - ST - ZIP	CHATTANOOGA, TN 37405
DOCUMENT #	NAME
STREET ADDRESS	1615 SHOLAR AVENUE
CITY - ST - ZIP	CHATTANOOGA, TN 37406
DOCUMENT #	NAME
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY - ST - ZIP	

UN0000412682  
02/10/06-80066-007 508.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*James C. Hudson Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**James C. Hudson Jr.**

**1-27-06**

Date

**423-67-2631**

Daytime Phone if

STAPLE CHECK HERE