

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 9:10

DOCUMENT # A0100000215



1. Entity Name
G.F. AND MARY ELLEN WARD FAMILY LIMITED PARTNSHIP

Principal Place of Business
 2082 WARD'S OFFICE LANE
 AVON PARK, FL 33825

Mailing Address
 P.O. BOX 850
 AVON PARK, FL 33825



03132006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0700789 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WARD, MARCIA L
 2082 WARD'S OFFICE LANE
 AVON PARK, FL 33825

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	BARBER, DEBORAH A
STREET ADDRESS	2082 WARD'S OFFICE LANE
CITY-ST-ZIP	AVON PARK, FL 33825
DOCUMENT #	
NAME	WARD, MARCIA L
STREET ADDRESS	2082 WARD'S OFFICE LANE
CITY-ST-ZIP	AVON PARK, FL 33825
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/17/06--01007--004 **600.00
DO NOT WRITE IN THIS SPACE

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: *Marcia L Ward*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/06 863-453-6631
 Date Daytime Phone #