


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

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001453
1. Entity Name
ACS FAMILY LIMITED PARTNERSHIP, LTD.



Principal Place of Business Mailing Address
**321 HIGH ST
TARPON SPRINGS FL 34689** **P.O. BOX 1293
TARPON SPRINGS FL 34688**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent

**MARQUARDT, EMIL C JR, ESQ
625 COURT STREET
SUITE 200
CLEARWATER FL 33756**

4. FEI Number Applied For / Not Applicable

59-3753121

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

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 **05/08/06-80059-025 500.00**

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

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 #	P01000103986	STREET ADDRESS	
NAME	ACS GENERAL PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	321 HIGH ST		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: Teresa A. Coleman Teresa A. Coleman 4/24/06 (727) 937-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE #