

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

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A27809

1. Entry Name  
 FFLP, LTD.



Principal Place of Business  
 P. O. BOX 2973  
 PALM BEACH, FL 33480

Mailing Address  
 P. O. BOX 2973  
 PALM BEACH, FL 33480

**DO NOT WRITE IN THIS SPACE**



04122006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0179685	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

HERON, J E  
 232 AUSTRALIAN AVE.  
 PALM BEACH, FL 33480

**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 #	K45946
NAME	FLP INVESTMENT CORP.
STREET ADDRESS	232 AUSTRALIAN AVE., STE. 2
CITY - ST - ZIP	PALM BEACH, FL 33480
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000557921  
 05/17/06-80065-023 500.00

**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: *By the General Partner FLP Investment Corp. J.E. Heron or President 561-659-3068*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_