

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

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A31055 1. Entry Name FLOYD S. DILLARD FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 826 N. BAY EUSTIS FL 32726	Mailing Address 826 N. BAY EUSTIS FL 32726
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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1st MOORE CR2E003 (10/05)

4. FEI Number **59-3042685** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent DILLARD, FLOYD S M.D. 826 NORTH BAY EUSTIS FL 32726

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

U00000404599
02/07/06-80006-018 500.00
DATE

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 #		STREET ADDRESS	
NAME	DILLARD, FLOYD S M.D.	CITY-ST-ZIP	
STREET ADDRESS	826 NORTH BAY		
CITY-ST-ZIP	EUSTIS FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:  **20**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-23-06 (352) 357-6500

STAPLE CHECK HERE