


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

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A9200000245</b> 1. Entity Name <b>FORT FAMILY PARTNERSHIP, LTD.</b>	
---	---

Principal Place of Business <b>100 NORTH OAK AVENUE</b> <b>FT. MEADE, FL 33841</b>	Mailing Address <b>100 NORTH OAK AVENUE</b> <b>FT. MEADE, FL 33841</b>
--	--



02022006 No Chg-LP CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3155118</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FORT, RICHARD A**  
**100 NORTH OAK AVENUE**  
**FT. MEADE, FL 33841**

**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 this 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 CITY-ST-ZIP	<b>FORT, RICHARD A</b> <b>100 NORTH OAK AVENUE</b> <b>FT. MEADE, FL 33841</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>FORT, MARY V</b> <b>100 NORTH OAK AVENUE</b> <b>FT. MEADE, FL 33841</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P82000011240</b> <b>FORT MANAGEMENT COMPANY, INC.</b> <b>100 NORTH OAK AVENUE</b> <b>FT. MEADE, FL 33841</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

10000044881  
 03/07/06-80021-001 500.00

**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: *Richard A. Fort* *Richard A. Fort* / 2-16-06 863 285 9164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #