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

DOCUMENT # A93000001307

1. Entity Name

MANSON FAMILY PARTNERSHIP, LTD.

SEC. OF STATE
DIVISION OF CORPORATIONS
06 FEB 20 AM 8:49

Principal Place of Business	Mailing Address
291 JAMAICA LANE PALM BEACH FL 33480	291 JAMAICA LANE PALM BEACH FL 33480

1st MOORE CR2E003 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0465830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRADEN, LISA 4623 FOREST HILL BLVD. WEST PALM BEACH FL 33406	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
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 #		STREET ADDRESS	360 S. OCEAN BLVD #5B
NAME	MANSON, WILLIAM J JR	CITY-ST-ZIP	Palm Beach FL 33480
STREET ADDRESS	291 JAMAICA LANE		
CITY-ST-ZIP	PALM BEACH FL 33480		
DOCUMENT #		STREET ADDRESS	360 S. OCEAN BLVD #5B
NAME	MANSON, ANNE T	CITY-ST-ZIP	Palm Beach FL 33486
STREET ADDRESS	291 JAMAICA LANE		
CITY-ST-ZIP	PALM BEACH FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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 Anne Tierney Manson ANNE TIERNEY MANSON Feb 7 2006 (561) 296-0551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #