


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

**FILED
Mar 16, 2006 08:00 AM
Secretary of State**

DOCUMENT # A96000002467
1. Entity Name
WOOTEN FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**32330 E. TAMMAM TRAIL
OCHOPEE, FL 34141**

Mailing Address
**HCR 61 BOX 120
OCHOPEE, FL 34141**



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01162006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0698551 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HUDGINS, THOMAS F
801 12TH AVENUE SOUTH
SUITE 200
NAPLES, FL 34102**

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 _____
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	WOOTEN, S. GENE TRUSTEE	STREET ADDRESS	
NAME	HCR 61 BOX 120	CITY-ST-ZIP	
STREET ADDRESS	OCHOPEE, FL 34141		
CITY-ST-ZIP			
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03/27/06-800002-011 500.00

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: S. Gene Wooten Date: Mar 13, 06 Daytime Phone #: 239-695-2781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER