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

DOCUMENT # A97000000925

1. Entity Name
THE WELCH FAMILY LIMITED PARTNERSHIP

SEC... DIVISI... OF STATE ...TIONS
06 FEB 20 AM 10:44

| Principal Place of Business | Mailing Address |
|---|---|
| 407 AVENUE K, S.E.<br>WINTER HAVEN, FL 33880 | 407 AVENUE K, S.E.<br>WINTER HAVEN, FL 33880 |

01252006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3446544
☐ Applied For
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

WELCH, DANIEL W
407 AVENUE K, S.E.
WINTER HAVEN, FL 33880

**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 # | |
| NAME | WELCH, DANIEL W |
| STREET ADDRESS | 407 AVENUE K, S.E. |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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02/28/06--01022--010 **500.00

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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:** _____ 2/3/06 863-294-3504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #