

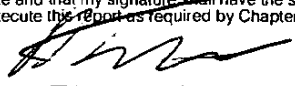
2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000000925			SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name THE WELCH FAMILY LIMITED PARTNERSHIP			06 FEB 20 AM 10:44	
Principal Place of Business 407 AVENUE K, S.E. WINTER HAVEN, FL 33880		Mailing Address 407 AVENUE K, S.E. WINTER HAVEN, FL 33880		
DO NOT WRITE IN THIS SPACE				
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			700066804027 02/28/06--01022--010 **500.00 DO NOT WRITE IN THIS SPACE	
DOCUMENT #	WELCH, DANIEL W			
NAME	407 AVENUE K, S.E.			
STREET ADDRESS	WINTER HAVEN, FL 33880			
CITY-ST-ZIP				
DOCUMENT #				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #				
NAME				
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.

2/3/06 803-294-3504

SIGNATURE: 

Date: _____ Daytime Phone #: _____