


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

DOCUMENT # A97000001109		
1. Entity Name ABLEIDINGER FAMILY LIMITED PARTNERSHIP		
Principal Place of Business 4529 CHEVAL BLVD. LUTZ FL 33549	Mailing Address 4529 CHEVAL BLVD. LUTZ FL 33549	

SEC. OF STATE
DIVISION OF REVENUE
06 FEB 24 AM 10:06



2. Principal Place of Business 19520 GULF BLVD. Suite, Apt. #, etc. 601 City & State INDIAN SHORES, FL. Zip 33785 Country USA	3. Mailing Address 19520 GULF BLVD. Suite, Apt. #, etc. 601 City & State INDIAN SHORES, FL. Zip 33785 Country USA
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1st MOORE	CR2E003 (10/05)
4. FEI Number 59-3450672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ABLEIDINGER, ROBERT J 4529 CHEVAL BLVD. LUTZ FL 33558		7. Name and Address of New Registered Agent	
19520 GULF BLVD. #601 INDIAN SHORES, FL. 33785		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 #	NAME	STREET ADDRESS	
	ABLEIDINGER, ROBERT J	19520 GULF BLVD. #601	
STREET ADDRESS	4529 CHEVAL BLVD.	CITY-ST-ZIP	INDIAN SHORES, FL. 33785
CITY-ST-ZIP	LUTZ FL 33558		
DOCUMENT #	NAME	STREET ADDRESS	
	ABLEIDINGER, SUSAN	19520 GULF BLVD. #601	
STREET ADDRESS	4529 CHEVAL BLVD.	CITY-ST-ZIP	INDIAN SHORES, FL. 33785
CITY-ST-ZIP	LUTZ FL 33558		
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CITY-ST-ZIP			

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03/07/06--01016--015 **500.00

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: Robert J. Ableidinger ROBERT J. ABLEIDINGER 2/17/06 813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # 486-3888

STAPLE CHECK HERE