

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

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001232

1. Entity Name
WELLS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**1600 U.S. 27 S.
AVON PARK, FL 33825**

Mailing Address
**1600 U.S. 27 S.
AVON PARK, FL 33825**

1100000434813
02/25/06-80017-004 500.00



DO NOT WRITE IN THIS SPACE

02112006 No Chg-LP CR2E003 (11/05)

4. FEI Number **65-0760064** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WELLS BROTHERS INVESTMENTS, INC.
1600 U.S. 27 S.
AVON PARK, FL 33825**

**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

N/A
Signature, typed or printed name of registered agent and (if applicable)

DATE

**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 # **P97000029196**
NAME **WELLS BROTHERS INVESTMENTS, INC.**
STREET ADDRESS **1600 U.S. 27 S.**
CITY-ST-ZIP **AVON PARK, FL 33825**

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IN THIS SPACE**

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:

[Signature] **STANLEY H. WELLS** 2-11-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #