

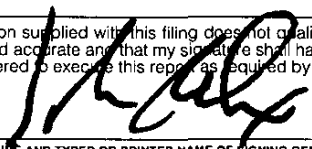


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 10 AM 10:52

DOCUMENT # A97000001295					
1. Entity Name COX FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1600 CAMEO FARM ROAD SARASOTA, FL 34240			Mailing Address 7015 PROFESSIONAL PKWY. E. SARASOTA, FL 34240		
2. Principal Place of Business 7015 Professional Pkwy E Suite, Apt. #, etc. Sarasota, FL ? City & State 34240 USA Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0763479		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03022006 Chg-LP CR2E003 (11/05)	
6. Name and Address of Current Registered Agent COX, JOHN J 7015 PROFESSIONAL PKWY. E. SARASOTA, FL 34240			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000051969		STREET ADDRESS	100068093871 03/20/06 01015 024 **500.00	
NAME	BROTHERS THREE OF SARASOTA, INC.		CITY-ST-ZIP		
STREET ADDRESS	7015 PROFESSIONAL PKWY. E.				
CITY-ST-ZIP	SARASOTA, FL 34240				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: 			Date: 3/1/06		Daytime Phone #

STAPLE CHECK HERE