

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

FILED

06 MAY -1 PM 1:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01062006 Chg-LP CR2E003 (11/05)

DOCUMENT # A98000001046 1. Entity Name HALLIWELL FAMILY, LTD.					
Principal Place of Business 615 NE THIRD AVE FORT LAUDERDALE, FL 33304			Mailing Address 615 NE THIRD AVE FORT LAUDERDALE, FL 33304		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0830023	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUDOLF & HOFFMAN PA 615 NE THIRD AVE FORT LAUDERDALE, FL 33304				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 <u><i>William H. Halliwell</i></u> 25 Apr 2006 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HALLIWELL, WILLIAM H 615 NE THIRD AVE FORT LAUDERDALE, FL 33304		STREET ADDRESS CITY - ST - ZIP	5775 N.E. Verde Circle Boca Raton, FL 33487	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HALLIWELL, ANNE P 615 NE THIRD AVE FORT LAUDERDALE, FL 33304		STREET ADDRESS CITY - ST - ZIP	5593 Highway 5 Douglasville, GA 30125	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
<div style="text-align: right;"> 200074638532 05/17/06--01005--002 **500.00 </div>					
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: <u><i>William H. Halliwell</i></u> 28 Apr 2006 561/997-7583 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE