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

**FILED**
**Jan 23, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # A99000002189

1. Entity Name
ENGLISH FAMILY LIMITED PARTNERSHIP

| Principal Place of Business | Mailing Address |
|---|---|
| 2075 WEST FIRST ST., STE. #300<br>LEHIGH ACRES, FL 33972 | 921 GLENN AVENUE<br>LEHIGH ACRES, FL 33972 |

**DO NOT WRITE IN THIS SPACE**

01062006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-0970215
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ENGLISH, KATHERINE R
1833 HENDRY STREET
FT MYERS, FL 33901

**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

| | |
|---|---|
| DOCUMENT # | |
| NAME | ENGLISH, J. EDWIN MR. |
| STREET ADDRESS | 840 PORTERFIELD ROAD |
| CITY-ST-ZIP | LABELLE, FL 33935 |
| DOCUMENT # | |
| NAME | ENGLISH, HUGH M MR. |
| STREET ADDRESS | P.O. BOX 129 |
| CITY-ST-ZIP | LABELLE, FL 33975 |
| DOCUMENT # | |
| NAME | ENGLISH, JOSEPH C MR. |
| STREET ADDRESS | 921 GLENN AVENUE |
| CITY-ST-ZIP | LEHIGH ACRES, FL 33972 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000339131
01/31/06-80025-010 500.00

**DO NOT WRITE 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:** Hugh M. English 1/15/06 863-625-2602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #