


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

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B99000000034**

1. Entity Name  
**THE BOTSFORD FAMILY LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address

1130 EAST COLLINWOOD CIRCLE      1130 EAST COLLINWOOD CIRCLE  
 OPELIKA, AL 36801      OPELIKA, AL 36801

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-LP      CR2E003 (11/05)

4. FEI Number <b>63-1212826</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BOTSFORD, THOMAS M III**  
**721 NORTH 19TH AVENUE**  
**PENSACOLA, FL 32501**

**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 #	G98327000157
NAME	THE BOTSFORD MANAGEMENT TRUST
STREET ADDRESS	1130 EAST COLLINWOOD CIRCLE
CITY-ST-ZIP	OPELIKA, AL 36801
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100001391291  
 01/24/06-80036-013 500.00

**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: *X. Barry S. Botsford*      1/13/06      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #