

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000000333 1. Entity Name PEPIN FAMILY LIMITED PARTNERSHIP	
---	---

Principal Place of Business 140 HAMMOCKS COURT WEST PALM BEACH FL 33413	Mailing Address 140 HAMMOCKS COURT WEST PALM BEACH FL 33413
---	---



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 65-0642586	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEPIN, CAROL M 140 HAMMOCKS COURT WEST PALM BEACH FL 33413	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 Carol M Pepin Carol M Pepin 1/31/06
Signature, typed or printed name of registered agent and date if applicable. DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 PEPIN, GEORGE E	STREET ADDRESS	
	STREET ADDRESS 140 HAMMOCKS COURT		
	CITY-ST-ZIP WEST PALM BEACH FL 33413		
DOCUMENT #	NAME PEPIN, CAROL M	STREET ADDRESS	U000000418929
	STREET ADDRESS 140 HAMMOCKS COURT		02/14/06-B0026-018 500.00
	CITY-ST-ZIP WEST PALM BEACH FL 33413		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	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: Carol M Pepin Carol M Pepin 1/31/06 - 561439 495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Distance Phone #

STAPLE CHECK HERE