2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

DOCUMENT # A00000000078 1. Entity Name EAGER FAMILY LIMITED PARTNERSHIP

FILED Mar 22, 2006 08:00 Al **Secretary of State**

Principal Place of Business 17251 N.E. 75 STREET WILLISTON, FL 32696

SIGNATURE:

Mailing Address P.O. BOX 954 WILLISTON, FL 32696



03102006 No Chg-LP DO NOT WRITE IN THIS SPACE

CR2E003 (11/05)

4. FEI Number 65-0991212

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARTY 101 SOUTHWEST 3RD STREET BOND, ARNETT, PHELAN, SMITH & CRAGGS, PA OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

00,101,11	- 3.11.	
	named entity submits this statement for the purpose of changing its register ions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent and title II applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	1/00000476597 04/06/06-90017-004 500 00
	NOTE: General Partners MAY NOT be changed on the form	IUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. n; an amendment must be filed to change a general partner.
12. DOCUMENT#	GENERAL PARTNER INFORMATION P00000002126	
NAME STREET ADDRESS CITY-ST-ZIP	EAGER INVESTMENTS, INC. 17253 NE 75TH ST. WILLISTON, FL 32696	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WILLISTON, FL 32090	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
14. I hereby a indicated or the rec	certify that the information supplied with this filling does not qualify for the e on this report is true and accurate and that my signature shall have the same eiver or trustee empowered to execute this reportes required by Chapter 62	xemptions contained in Chapter 119, Florida Statutes. I further certify that the information le legal effect as if made under oath; that I am a General Partner of the limited partnership to Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER