

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000245 1. Entity Name OFFER FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 4010 BOY SCOUT BOULEVARD, SUITE 700 TAMPA, FL 33607			Mailing Address 4010 BOY SCOUT BOULEVARD, SUITE 700 TAMPA, FL 33607		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03162006 Chg-LP CR2E003 (11/05)	
4. FEI Number 59-3632903				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OFFER, FRANK J III 4010 BOY SCOUT BOULEVARD, SUITE 700 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	000000487985	
STREET ADDRESS	4010 BOY SCOUT BOULEVARD, SUITE 700		CITY-ST-ZIP	04/14/06-80015-005-500.00	
CITY-ST-ZIP	TAMPA, FL 33607		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	MCCARTHY, SHARON M		CITY-ST-ZIP		
CITY-ST-ZIP	6619 HOLLANDAIRE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	TAYLOR, JULIE A		CITY-ST-ZIP		
CITY-ST-ZIP	780 PROVIDENCE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE, GA 30044		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/29/06 **(813) 872-5889**
Date Daytime Phone #

STAPLE CHECK HERE