

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

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000594**

1. Entity Name  
**PECK FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**2430 SOUTH ATLANTIC AVE., SUITE E  
DAYTONA BEACH SHORES, FL 32118**

Mailing Address  
**2430 SOUTH ATLANTIC AVE., SUITE E  
DAYTONA BEACH SHORES, FL 32118**



03152006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3642997**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PECK, EDWIN W  
2430 SOUTH ATLANTIC AVE., SUITE E  
DAYTONA BEACH SHORES, FL 32118**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**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 # **L00000002362**  
NAME **PECK GENERAL, LLC**  
STREET ADDRESS **2430 SOUTH ATLANTIC AVE., SUITE E**  
CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

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**1000000504679**  
**04/26/06-80083-006 500.00**

**DO NOT WRITE  
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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** *Edwin W. Peck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**9/7/06**

**(386) 251-5000**

Date

Daytime Phone

STAPLE CHECK HERE