


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

**FILED
Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # A00000000830
1. Entity Name
PAUL DAVID, JR. FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**8410 S.E. 7TH AVENUE ROAD
OCALA, FL 34480**

Mailing Address
**8410 S.E. 7TH AVENUE ROAD
OCALA, FL 34480**



01162006 No Chg-LP CR2E003 (11/05)

4. FEI Number
51-0422152 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAVID JR, PAUL
8410 S.E. 7TH AVENUE ROAD
OCALA, FL 34480**

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 #	
NAME	DAVID JR, PAUL
STREET ADDRESS	8410 SE 7TH AVE, ROAD
CITY-ST-ZIP	OCALA, FL
DOCUMENT #	
NAME	DAVID, FRANCES B
STREET ADDRESS	8410 SE 7TH AVE, ROAD
CITY-ST-ZIP	OCALA, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000399023
01/31/06-80023-003 500.00

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: Paul David 1-19-06 352-402-9950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone if