


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

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

<b>DOCUMENT #A00000000830</b> 1. Entity Name <b>PAUL DAVID, JR. FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>8410 S.E. 7TH AVENUE ROAD OCALA, FL 34480</b>	Mailing Address <b>8410 S.E. 7TH AVENUE ROAD OCALA, FL 34480</b>
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01162006 No Chg-LP

CR2E003 (11/05)

4. FEI Number <b>51-0422152</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DAVID JR, PAUL 8410 S.E. 7TH AVENUE ROAD OCALA, FL 34480</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	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 # NAME STREET ADDRESS CITY-ST- ZIP	<b>DAVID JR, PAUL 8410 SE 7TH AVE, ROAD OCALA, FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST- ZIP	<b>DAVID, FRANCES B 8410 SE 7TH AVE, ROAD OCALA, FL</b>
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01/31/06-80023-003 500.00

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

<b>SIGNATURE:</b> 	<b>1-19-06</b>	<b>352-402-9950</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone if</small>

STAPLE CHECK HERE