2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM

Due By May 1, 2006				Secretary of State	
DOCUMENT # A0000000842				Secreta	ily of State
ELIZABETH S. BROOKS FAMILY FLORIDA LIMITED PARTNERSHIP					
Principal Place of Business 1638 LANDS END VILLAGE SOUTH SEAS PLANTATION		Mailing Address 1638 LANDS END VILL SOUTH SEAS PLANTATI		00000U 20000U 200 SSN SSN	1465330 180032-005 500.00
CAPTIVA, FL		- CAPTIVA, FL 33924			
				02152006 No Chg-LP	CR2E003 (11/05)
La sola in	O NOT WRIT		PACE	4. FEI Number 65-1009828	Applied For Not Applicat
				5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Curr	ent Registered Agent			
BROOKS, ELIZABETH S 1638 LANDS END VILLAGE			DO NOT W	于17.70mm2000000000000000000000000000000000	
	SOUTH SEAS PLANTATION CAPTIVA, FL 33924			IN THIS SP	ACE
	named entity submits this statementions of registered agent.	nt for the purpose of changing its	registered office or registe	rad agent, or both, in the State of Flori	ida. I am familiar with, and acce
SIGNATURE	-30 a. 1. M. 0	Process part and title if applicable.		Men	ch 7, 2006
		OWIII FEE IS \$500.00 , 2005, Fee will be \$900).00		
{	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS EN MAY NOT be changed on the	TITY MUST BE REGIS to form; an amendmen	TERED AND ACTIVE WITH THE at must be flied to change a ge	S OFFICE. neral pariner.
12.		NER INFORMATION			The state of the s
DECUMENT #	BROOKS, ELIZABETH S				
STREET ADDRESS CITY-ST-ZP	1638 LANDS END VILLAGE, CAPTIVA, FL 33924	SOUTH SEAS PLNTATN			
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NAME STREET ADDRESS CITY+ST-ZIP					
DOCUMENT /					
STREET ADDRESS					TO THE STATE OF
DOCUMENT :					
NAME					

14. I hereby certify that the information supplied with this filling 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 ceth, that I am a General Partner of the Timited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

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