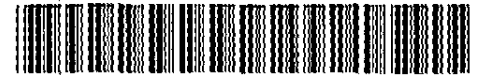


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000001067		
1. Entity Name KELLY FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 101 LITTLE ASTON WILLIAMSBURG VA 23188	Mailing Address 101 LITTLE ASTON WILLIAMSBURG VA 23188
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **65-1035152** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLY, JOSEPH H
4835 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	U00000500869
NAME	KELLY, JOSEPH H	CITY-ST-ZIP	04/25/06-80033-002 500.00
STREET ADDRESS	101 LITTLE ASTON		
CITY-ST-ZIP	WILLIAMSBURG VA 23188		
DOCUMENT #		STREET ADDRESS	
NAME	KELLY, MARIANNE T	CITY-ST-ZIP	
STREET ADDRESS	101 LITTLE ASTON		
CITY-ST-ZIP	WILLIAMSBURG VA 23188		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Joseph H. Kelly **JOSEPH H. KELLY** APR. 8, 2006 757 258-37