

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A00000001118	
1. Entity Name REED FAMILY LIMITED PARTNERSHIP	



Principal Place of Business P.O. BOX 27820 BAY POINT PANAMA CITY BEACH, FL 32411	Mailing Address P.O. BOX 27820 BAY POINT PANAMA CITY BEACH, FL 32411
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2. Principal Place of Business 500 W. 19th Street	3. Mailing Address 500 W. 19th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Panama City, FL	City & State Panama City, FL
Zip 32405	Country



04172006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3626524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HARE, DIANE C 2589 JENKS AVE PANAMA CITY, FL 32405	

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 \$500.00
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000042577	STREET ADDRESS	
NAME	OSTEON INC	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 27820 BAY POINT		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32411		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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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: _____ DATE: 4-26-05 DAYTIME PHONE: 850 747-9403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE