2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 24, 2006 08:00 Al Secretary of State

	Due By May 1, 2006	
DOCUMENT # 1. Entity Name THE FAUNCE FAM		
Principal Place of Business	Mailing Address	
Q7Q REACHLAND RLVD	OTO REACHI AND RIVO	



DO NOT WRITE IN THIS SPACE

VERO BEACH, FL 32963

01172006 No Chg-LP CR2E

CR2E003 (11/05)

4. FEI Number Applied For 65-1037972 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FENNELL, TODD W 979 BEACHLAND BLVD. VERO BEACH, FL 32963

STAPLE CHECK HERE

NAME STREET ADDRESS GITY-ST-ZIP

VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

VERO BEACH, FL 32963		IN THIS SPACE	
	e named entity submits this statement for the purpose of changing its retions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DATE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.	00	
		ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION		
DOCUMENT #	L00000010070		
NAME	FAUNCE MANAGEMENT, L.L.C.		
STREET ADDRESS	979 BEACHLAND BLVD.		
CJTY-ST-ZIP	VERO BEACH, FL 32963	U00000531171	
DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP		05/06/06-80030-004 500.00	
DOCUMENT #			
NAME			
STREET ADDRESS		DO NOT WRITE	
CITY-ST-ZIP		W. T. W. OD LOT	
DOCUMENT #		IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			

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 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: BRAT YOUNG WELL GENERAL PARTNER
SIGNATURE AND TYPED OR PRINTED NAME OF SKINING GENERAL PARTNER

Date

Dayume Phone #