2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0000001346

FILED Apr 28, 2006 Secretary of State

Entity Name: JAMES AND JACQUELINE PONCE FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business: New Principal Place of Business:

57 COMARES AVENUE 66 COMARES AVENUE ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32080

Current Mailing Address: New Mailing Address:

57 COMARES AVENUE 66 COMARES AVENUE ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32080

FEI Number: 59-3676293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PONCE, DAVID M
57 COMARES AVENUE
5167 REDBIRD ROAD
57 AMOUNTINE FL 2200

ST AUGUSTINE, FL 32080 US ST AUGUSTINE, FL 32080 US

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.

SIGNATURE: 04/28/2006

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: PONCE SR, JAMES A TRUSTEE

Address: 57 COMARES AVENUE Address: 66 COMARES AVENUE City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: ST AUGUSTINE, FL 32080

Document #:

Name: PONCE, JACQUELINE S TRUSTEE

Address: 57 COMARES AVENUE Address: 66 COMARES AVENUE
City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES A PONCE, SR TRUS 04/28/2006