


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001584</b> 1. Entity Name <b>DORSEY FAMILY INVESTMENTS, LTD.</b>	
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Principal Place of Business <b>1161 S. SOUTHLAKE DRIVE HOLLYWOOD, FL 33019</b>	Mailing Address <b>1161 S. SOUTHLAKE DRIVE HOLLYWOOD, FL 33019</b>
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**DO NOT WRITE IN THIS SPACE**

02012006 No Chg-LP

CR2E003 (11/05)

4. FEI Number <b>65-1046837</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**DORSEY, MARILYN S  
1161 S. SOUTHLAKE DRIVE  
HOLLYWOOD, FL 33019**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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**

**05/08/06-80069-018 500.00**

**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**

DOCUMENT #	<b>P00000097397</b>
NAME	<b>DORSEY FAMILY INVESTMENTS, INC.</b>
STREET ADDRESS	<b>1161 S. SOUTHLAKE DRIVE</b>
CITY - ST - ZIP	<b>HOLLYWOOD, FL 33019</b>

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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: \_\_\_\_\_

**MARILYN S. DORSEY, ATTORNEY**

**4/26/06 (254) 823-0000**

Date Daytime Phone 0

**WILLIAM S. DORSEY, ATTORNEY**

**Will. Mail # 7103 1450 0007 1784 1867**

STAPLE CHECK HERE