2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006 DOCUMENT # A00000001824 1. Entity Name REDMOND FAMILY, LTD. Principal Place of Business 2514 PROSPECT ROAD TAMPA, FL 33629 TAMPA, FL 33629 DO NOT WRITE IN THIS SPACE

FILED Aug 22, 2006 08:00 Al Secretary of State



08152006 No Chg-LP

CR2E003 (11/05)

FEI Number
 59-3687699

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REDMOND, DAVID L 2514 PROSPECT RD TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

		}	
8. The above the obligation	e named entity submits this statement for the purpose of changing tions of registered agent.	its registered 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 Due by September 6, 2006			In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
	A GENERAL PARTNER THAT IS A BUSINESS ! NOTE: General Partners MAY NOT be changed or	NTITY MUST BE REGISTERED AND AC the form; an amendment must be filed	TIVE WITH THIS OFFICE. to change a general partner.
12.	GENERAL PARTNER INFORMATION		
DOCUMENT #			
NAME	REDMOND, DAVID L	•	•
STREET ADDRESS	2514 PROSPECT ROAD	i	
CITY-ST-ZIP	TAMPA, FL	·	1
DOCUMENT #			•
NAME			
STREET ADDRESS			U00000575010 8/22/06-80008-008 500.00
CITY-ST-ZIP		U	8/22/06-80008-008 500.00
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STREET ADDRESS		I DO N	OT WRITE
CITY - ST - ZIP			
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NAME			
STREET ADDRESS		•	
CITY-ST-ZIP		!	

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:

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

Said & Bedmond

813-785-3934