

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001845

**FILED**  
**Apr 11, 2006**  
**Secretary of State**

**Entity Name:** ANN CROW FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1664 NW LOWER SPRINGS RD  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

1664 NW LOWER SPRINGS RD  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 59-3688689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATHLEEN HOLBROOK COLD  
ONE INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE, FL 32202 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: CROW, ANN M TRUSTEE  
Address: 1664 NW LOWER SPRINGS RD  
City-St-Zip: LAKE CITY, FL 32055

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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: MARK V. CROW

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/11/2006

\_\_\_\_\_  
Date