2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A0000002036

1. Entity Name
DYAL FAMILY PARTNERSHIP NO. 1, LTD.



FILED Feb 09, 2006 08:00 AM Secretary of State

Principal Place of Business

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Mailing Address

13883 S.W. COUNTY ROAD 231 BROOKER, FL 32622 13883 S.W. COUNTY ROAD 231 BROOKER, FL 32622



DO NOT WRITE IN THIS SPACE

01132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 01-0656787 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JAMES J JR. C/O TAYLOR & TAYLOR, P.A. 420 SOUTH LAWRENCE BLVD. KEYSTONE HEIGHTS, FL 32656

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-DP

DO NOT WRITE IN THIS SPACE

6. The above the obliga	e named entity submits this statement for the purpose of changing its re allons of registered agent.	gistered 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 this it applicable.	
	FILE NOWILL FEE 18 \$500.00 After May 1, 2006, Fee will be \$900.0	DATE
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P00000077243 DOUBLE D ENTERPRISES OF BRADFORD CNTY INC. 13883 S.W. COUNTY ROAD 231 BROOKER, FL 32622	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		U00000428296 02/21/06-80040-011 500.00
DOCUMENT # NAME STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP GOCUMENT F NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT I NAME STREET ADDRESS CITY-ST-2IP		

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 cath; 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: Margaret D.D. Margaret D.Dyal 2.6.06 352485421

SIGNATURE TYPED OR FRINTED NAME OF STONING GENERAL PARTING.

Date Date Desprise Francis I