

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000002063

**FILED**  
**Apr 18, 2006**  
**Secretary of State**

**Entity Name:** LENNON/CRUISE FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

ROUTE 2, BOX 481  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551260  
JACKSONVILLE, FL 32255

**New Mailing Address:**

**FEI Number:** 59-3688046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE, FL 32256 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 #: P00000115535  
Name: LENNON/CRUISE INVESTMENTS, INC.  
Address: ROUT 2 BOX 481  
City-St-Zip: LAKE BUTLER, FL 32054

**ADDRESS CHANGES ONLY:**

Address: ROUT E 2 BOX 481  
City-St-Zip: LAKE BUTLER, FL 32054

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: WILLIAM LENNON

DPST

04/18/2006

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

\_\_\_\_\_  
Date