


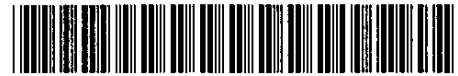
**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A01000000097		
1. Entity Name NKST FAMILY LIMITED PARTNERSHIP, LLLP		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 9:50

Principal Place of Business 210 E MAIN ST BARTOW FL 33830	Mailing Address P.O. BOX 1382 BARTOW FL 33831
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-3693429	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NELLE KENNEDY STUART TERRY 210 E MAIN ST BARTOW FL 33830		7. Name and Address of New Registered Agent Name Nelle Kennedy Stuart Terry Street Address (P.O. Box Number is Not Acceptable) 210 East Main Street Bartow, FL 33830 City Bartow FL Zip Code 33830	
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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 Nelle Kennedy Stuart Terry DATE 2/20/06
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	210 NELLE KENNEDY STUART TERRY 220 EAST MAIN ST. BARTOW FL 33830	STREET ADDRESS CITY-ST-ZIP	210 East Main Street Bartow, FL 33830
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FLEETWOOD TAIT LANE, JR. 2201 CUMBERLAND AVE. CHARLOTTE NC 28203	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400068090614 03/20/06--01012--009 **\$500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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: Nelle Kennedy Stuart Terry, General Partner DATE 2/20/06 DAYTIME PHONE # 863/533-4196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE