2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 04, 2006 08:00 AM Secretary of State

DOCUMENT # AUTOGOOGTOO
1. Entity Name
WCA FAMILY LIMITED PARTNERSHIP, LLLF



Principal Place of Business

1021 OAK STREET JACKSONVILLE, FL 32204 Mailing Address

-1021 OAK STREET - JACKSONVILLE, FL 32204



DO NOT WRITE IN THIS SPACE

02272006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3727978

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARHAM MILLIAM H IR

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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOWILL FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	1021 OAK	STREET VILLE, FL 32204		IN.	NOT THIS			\$
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NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.		NOTE: General Partners MAY NOT be changed on t	he form; an amendmer	it must be file	ACTIVE WI ed to chang	i H THIS O	FFICE. al pariner.	
12. GENERAL PARTNER INFORMATION	12.				13.1. 1.99			
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14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under path; that I am a General Partner of the limited partnership or the receiver or trustee empewered treexecute the report as required by Chapter 620, Florida Statutes.

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #