

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 9:10

DOCUMENT # A01000000215

1. Entity Name
G.F. AND MARY ELLEN WARD FAMILY LIMITED
PARTNSHIP



Principal Place of Business
2082 WARD'S OFFICE LANE
AVON PARK, FL 33825

Mailing Address
P.O. BOX 850
AVON PARK, FL 33825



DO NOT WRITE IN THIS SPACE

03132006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-0700789

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, MARCIA L
2082 WARD'S OFFICE LANE
AVON PARK, FL 33825

**DO NOT WRITE
IN THIS SPACE**

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 NOW!!! 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.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	BARBER, DEBORAH A
STREET ADDRESS	2082 WARD'S OFFICE LANE
CITY-ST-ZIP	AVON PARK, FL 33825
DOCUMENT #	
NAME	WARD, MARCIA L
STREET ADDRESS	2082 WARD'S OFFICE LANE
CITY-ST-ZIP	AVON PARK, FL 33825
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/06--01007--004 **600.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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:

Marcia L Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/06 863-453-6631

Date

Daytime Phone #