

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

SECRETARY OF STATE  
 DIVISION OF CORPORATE REGISTRATIONS  
 06 FEB -8 AM 9:59

<b>DOCUMENT # A01000000375</b> 1. Entity Name <b>ALLMON FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>9400 S. TROPICAL TRAIL                  MERRITT ISLAND, FL 32962</b>			Mailing Address <b>9400 S. TROPICAL TRAIL                  MERRITT ISLAND, FL 32962</b>		
2. Principal Place of Business		3. Mailing Address <b>301 Surf Dr</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Cape Canaveral FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-3705627</b>	
<b>32920</b>		<b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ASARCH, STEVEN J ESQUIRE                  SUITE 400 EAST                  1900 N.W. CORPORATE BOULEVARD                  BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P00000111772</b> <b>ALLMON FAMILY ENTERPRISES, INC.</b> <b>9400 S. TROPICAL TRAIL</b> <b>MERRITT ISLAND, FL 32962</b>		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: <i>Barbara A. Campbell</i>		Barbara A. Campbell		1/30/2006	
VP/Secy, Allmon Family Enterprises Inc		321-693-2544		321-693-2544	

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