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

SIGNATURE: \*

## Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # A01000001066 1. Entity Name THE TYKOT FAMILY LIMITED PARTNERSHIP Mailing Address Principal Place of Business 3060 GRANO BAY BLVD. LONGBOAT KEY FL 34228 3060 GRAND BAY BLVD. LONGBOAT KEY FL 34228 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For City & State 4. FFI Number City & State 60-0000062 Not Applicat Country Zio \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TYKOT, HOWARD B Street Address (P.O. Box Number is Not Acceptable) 3060 GRAND BAY BLVD. LONGBOAT KEY FL 34228 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 ÜATE Signature, typed or printed name of registered agont 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # SCREET ADDRESS NAME TYKOT, HOWARD B STREET ADDRESS 3060 GRAND BAY BLVD. C)TY-S1-Z72 CHY-SI-ZP LONGBOAT KEY FL 34228 DOCUMENT ( U00000505917 STREET ADDRESS NAME TYKOT, JOAN F <u> 27/06-80001-003\_500.08</u> 3060 GRAND BAY BLVD. STREET ADDRESS CITY - ST - ZVP CITY-ST-ZIP LONGBOAT KEY FL 34228 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CTTY-S7-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STRILLI ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST- AP DOCUMENT # STREET ACCRESS NAME STREET ADDRESS CUY-ST-282 CHTY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 further certify that the information indicated on this report is true and adcurate 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

**FILED** 

941.383. 5143