

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000001512

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** COVELL FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

285 MORRISON AVENUE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

181 PINE STREET  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

285 MORRISON AVENUE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

181 PINE STREET  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 01-0353447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COVELL, SCOTT M  
285 MORRISON AVENUE  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

COVELL, SCOTT M  
181 PINE STREET  
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2006

Date

**GENERAL PARTNER INFORMATION:**

Document #: P01000108925  
Name: COVELL MANAGEMENT, INC.  
Address: 285 MORRISON AVENUE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDRESS CHANGES ONLY:**

Address: 181 PINE STREET  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT M. COVELL

P

04/28/2006

Electronic Signature of Signing General Partner

Date