

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 10 AM 10:51

DOCUMENT # A01000001558 1. Entity Name JAMES E. RAY FAMILY PARTNERSHIP, LTD.								
Principal Place of Business 285 GULF SHORE DRIVE SANTA ROSA BEACH, FL 32459			Mailing Address 285 GULF SHORE DRIVE SANTA ROSA BEACH, FL 32459					
2. Principal Place of Business 163 Gulf Shore Dr. Suite, Apt. #, etc.		3. Mailing Address 163 Gulf Shore Dr. Suite, Apt. #, etc.						
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL		01202006 Chg-LP CR2E003 (11/05)				
Zip 32459		Country Walton		4. FEI Number 59-3758731				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent RAY, JAMES E 285 GULF SHORE DRIVE SANTA ROSA BEACH, FL 32459			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 163 Gulf Shore Dr. City Santa Rosa Beach FL Zip Code 32459					
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 <u>James E Ray</u> DATE _____ <small>Signature typed or printed name of registered agent or title if applicable.</small>								
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			13. ADDRESS CHANGES ONLY					
DOCUMENT #	P00000093620		STREET ADDRESS	163 Gulf Shore Dr.				
NAME	JAMES E. RAY GENERAL PARTNER, INC.		CITY-ST-ZIP	Santa Rosa Beach, FL 32459				
STREET ADDRESS	285 GULF SHORE DRIVE		300068093853 03/20/06--01015--023 **500.00					
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459							
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CITY-ST-ZIP			CITY-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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE