


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

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000168</b> 1. Entity Name <b>THE ELDRIDGE FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>607 THIRD KEY DRIVE          FORT LAUDERDALE, FL 33304</b>			Mailing Address <b>607 THIRD KEY DRIVE          FORT LAUDERDALE, FL 33304</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>01-0649278</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ELDRIDGE, LAWRENCE L          607 THIRD KEY DRIVE          FORT LAUDERDALE, FL 33304</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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	1000000404427	
STREET ADDRESS	607 THIRD KEY DRIVE		CITY-ST-ZIP	04/12/06-80041-012 500.00	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
STREET ADDRESS	ELDRIDGE, CAROLYN P		STREET ADDRESS		
CITY-ST-ZIP	607 THIRD KEY DRIVE		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	FORT LAUDERDALE, FL 33304		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					
<b>SIGNATURE:</b> <i>Carolyn Eldridge</i> <b>CAROLYN ELDRIDGE</b> 3/16/06 6589					

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