

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A02000000425

1. Entity Name
ALLMON FAMILY INVESTMENT PARTNERSHIP, LTD.



SEC. OF STATE
 DIVISION OF CORPORATIONS

06 FEB -8 AM 9:59

Principal Place of Business
**9400 S. TROPICAL TRAIL
 MERRITT ISLAND, FL 32952**

Mailing Address
**9400 S. TROPICAL TRAIL
 MERRITT ISLAND, FL 32952**

2. Principal Place of Business

3. Mailing Address
301 Surf Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272006 Chg-LP CR2E003 (11/05)

City & State

City & State
Cape Canaveral FL

4. FEI Number
01-0663312

Applied For
 Not Applicable

Zip

Country

Zip

Country

32920

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASARCH, STEVEN J ESQ.
 1900 N.W. CORPORATE BOULEVARD, SUITE 400 E
 BOCA RATON, FL 33431**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 # **P00000111772**
 NAME **ALLMON FAMILY ENTERPRISES, INC.**
 STREET ADDRESS **9400 S. TROPICAL TRAIL**
 CITY-ST-ZIP **MERRITT ISLAND, FL 32962**

STREET ADDRESS
 CITY-ST-ZIP
900066121229
02/17/06--01010--009 **\$500.00

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STREET ADDRESS
 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

Barbara A. Campbell
SIGNATURE:

Barbara A. Campbell
VP/Secy, Allmon Family Enterprises Inc

1/31/2006

321-693-2544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE