


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 10 AM 9:09

DOCUMENT # A02000000536			
1. Entity Name THE MICHAEL L. JENKINS FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 431 ATWATER COURT MARY ESTHER, FL 32569		Mailing Address 431 ATWATER COURT MARY ESTHER, FL 32569	
2. Principal Place of Business 19816 Highway 331 South Suite, Apt. #, etc.		3. Mailing Address 19816 Highway 331 South Suite, Apt. #, etc.	
City & State Freeport FL		City & State Freeport FL	
Zip 32439		Country US	
4. FEI Number 04-3732883		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENKINS, MICHAEL L 431 ATWATER COURT MARY ESTHER, FL 32569		7. Name and Address of New Registered Agent Name: Michael L Jenkins Street Address (P.O. Box Number is Not Acceptable): 19816 Highway 331 South City: Freeport FL Zip Code: 32439	
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: 3/9/06	

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 #	JENKINS, MICHAEL L	STREET ADDRESS	19816 Highway 331 South
NAME	431 ATWATER COURT	CITY-ST-ZIP	Freeport FL 32439
STREET ADDRESS	MARY ESTHER, FL 32569		
CITY-ST-ZIP		STREET ADDRESS	19816 Hwy 331 South
		CITY-ST-ZIP	Freeport, FL 32439
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	300068540843
NAME		CITY-ST-ZIP	03/23/06 01058 004 **500.00
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE