

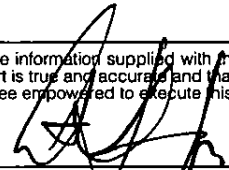


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR 24 AM 8:55

<b>DOCUMENT # A02000000656</b> 1. Entity Name THE WHITMIRE FAMILY PARTNERS, LLLP					
Principal Place of Business 1146 OVERBROOK DRIVE ORLANDO, FL 32804			Mailing Address 1206 E RIDGEWOOD ST ORLANDO, FL 32803		
2. Principal Place of Business 4715 Shorecrest Drive		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006    Chg-LP    CR2E003 (11/05)	
City & State Orlando, Florida		City & State		4. FEI Number 36-4499387	
Zip 32817		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DELOACH BRYANT, CARLA ESQUIRE 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P02000084428		STREET ADDRESS	4715 Shorecrest Drive	
NAME	BETTY WHITMIRE COMPANY, INC.		CITY-ST-ZIP	Orlando, FL 32817	
STREET ADDRESS	1146 OVERBROOK DRIVE				
CITY-ST-ZIP	ORLANDO, FL 32804				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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: 			C. Whitmire, Jr.    4-4-2006    401-740-5005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date    Daytime Phone #</small>		

STAPLE CHECK HERE