

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

**FILED**

**06 MAY -1 PM 4:44**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # A02000000694**

1. Entity Name  
**THE MARY H. HAMILTON FAMILY LIMITED  
 PARTNERSHIP**



Principal Place of Business  
**SUITE F-520  
 8912 PINNACLE PEAK DRIVE  
 SCOTTSDALE, AR 85255**

Mailing Address  
**SUITE F-520  
 8912 PINNACLE PEAK DRIVE  
 SCOTTSDALE, AR 85255**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**03-0460046**

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

6. Name and Address of Current Registered Agent

**KNIGHT, NEAL W JR.  
 ALLEY, MAASS ET AL.  
 321 ROYAL POINCIANA PLAZA, SOUTH  
 PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name  
**NEAL W. KNIGHT, JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**ALLEY, MAASS, ROGERS & LINDSAY, P.A.**

**340 ROYAL POINCIANA WAY, SUITE 321**

City  
**PALM BEACH** **FL** Zip Code  
**33480**

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]* 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 #	P02000052186	STREET ADDRESS	c/o NEAL W. KNIGHT, JR., 340 ROYAL
NAME	M.H.H. MANAGEMENT, INC	CITY-ST-ZIP	POINCIANA WAY, SUITE 321
STREET ADDRESS	% NEAL W. KNIGHT, JR., 321 ROYAL POINCIANA		PALM BEACH, FL 33480
CITY-ST-ZIP	PALM BEACH, FL 334800431		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: *[Signature]* **4/28/06** **561-659-1770**

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

STAPLE CHECK HERE