

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000000729	
1. Entity Name THE NEWCOMB FAMILY LIMITED PARTNERSHIP, LTD.	

Principal Place of Business 5909 TURIN STREET CORAL GABLES FL 33134	Mailing Address 5909 TURIN STREET CORAL GABLES FL 33134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E003 (10/05)

4. FEI Number 01-0695434 ☐ **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

MOLANS, JAMES A
5909 TURIN STREET
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable

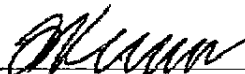
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	NAME	STREET ADDRESS	
STREET ADDRESS	NEWCOMB, FRED W	CITY-ST-ZIP	
CITY-ST-ZIP	5909 TURIN STREET CORAL GABLES FL 33134	STREET ADDRESS	U00000433218
DOCUMENT #		CITY-ST-ZIP	02/24/06-80009-002 500.00
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
NAME		CITY-ST-ZIP	

STAPLE CHECK HERE

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:  **FRED W. NEWCOMB** **2/9/06** **056699670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER