


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

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001489</b> 1. Entity Name <b>ROBINSON FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>1150 BEACH ROAD, APT. 1M          INDIAN RIVER SHORES, FL 32963</b>			Mailing Address <b>819 BEACHLAND BLVD.          VERO BEACH, FL 32963</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>56-2349418</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>GARRIS, CHARLES E          819 BEACHLAND BOULEVARD          VERO BEACH, FL 32963</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P02000117104		STREET ADDRESS		
NAME	ROBINSON INVESTMENT CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	1150 BEACH ROAD, APT. 1M		STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHORES, FL 32963		CITY-ST-ZIP		
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CITY-ST-ZIP			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					
<b>SIGNATURE:</b> <i>V. Janna</i>			2/26/06 303-674-6336		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



01242006 Chg-LP CR2E003 (11/05)

4. FEI Number 56-2349418 Applied For Not Applicable

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

GARRIS, CHARLES E  
 819 BEACHLAND BOULEVARD  
 VERO BEACH, FL 32963

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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

STAPLE CHECK HERE