


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

| | |
|---|---|
| DOCUMENT # A02000001604 |  |
| 1. Entity Name FUTURE FAMILY LIMITED PARTNERSHIP | |

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|--|--|
| Principal Place of Business 18880 JOLSON AVENUE, #3 BOCA RATON, FL 33496 | Mailing Address 18880 JOLSON AVENUE, #3 BOCA RATON, FL 33496 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 8600 TROTTERS LANE Suite, Apt. #, etc. | 3. Mailing Address 8600 TROTTERS LANE Suite, Apt. #, etc. |
| City & State PARKLAND, FL | City & State PARKLAND, FL |
| Zip 33067 | Country |

| | | |
|---|--------------------------------|-----------------|
| 02242006 | Chg-LP | CR2E003 (11/05) |
| 4. FEI Number 26-0063187 | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

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|--|--|
| 6. Name and Address of Current Registered Agent BURGESS, JAMES 18880 JOLSON AVENUE, #3 BOCA RATON, FL 33496 | |
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| | |
|--|-------------|
| 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 file if applicable.

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 | |
|---------------------------------|---------------------------------|
| DOCUMENT # | P02000109066 |
| NAME | LANDSCAPE DESIGN CONCEPTS, INC. |
| STREET ADDRESS | 18880 JOLSON AVENUE, #3 |
| CITY-ST-ZIP | BOCA RATON, FL 33496 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|-----------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 400068539454 |
| CITY-ST-ZIP | 03/23/06 01049 000 **500.00 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| 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 James Burgess 3/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE