

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT #A03000000184 1. Entity Name THE MCELROY FAMILY LIMITED PARTNERSHIP		 MAY -1 AM 9:39 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 321 ROYAL POINCIANA PLAZA SOUTH C/O NEAL W KNIGHT, JR PALM BEACH, FL 33480		Mailing Address 321 ROYAL POINCIANA PLAZA SOUTH C/O NEAL W KNIGHT, JR PALM BEACH, FL 33480	
2. Principal Place of Business 340 Royal Poinciana Way Suite, Apt. #, etc. 321 City & State Palm Beach, FL Zip 33480		3. Mailing Address 340 Royal Poinciana Way Suite, Apt. #, etc. 321 City & State Palm Beach, FL Zip 33480	
Country Palm Beach		Country Palm Beach	
4. FEI Number 54-2112723		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNIGHT, NEAL W JR 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) 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 DATE _____ <small>Signature, typed or printed name of registered agent and this is applicable.</small>			
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 #	P03000007861	STREET ADDRESS	340 Royal Poinciana Way, Suite 321
NAME	D.B.M. MANAGEMENT COMPANY, INC.	CITY-ST-ZIP	Palm Beach, FL 33480
STREET ADDRESS	321 ROYAL POINCIANA PLAZA SOUTH	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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			
SIGNATURE:		Date: 4/27/06 Daytime Phone #: 888 884 4299	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE