FILED
May 01, 2006 08:00 AM
Secretary of State

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A03000000880

1. Entity Name
SANTIAGO W. CALDERON FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
793 HEALTHCARE DRIVE, SUITE 102 ORANGE CITY, FL 32763	793 HEALTHCARE DRIVE, SUITE 102 ORANGE CITY, FL 32763

DO NOT WRITE IN THIS SPACE

04262006 No Chg-LP CR2E003 (11/05)

4. FEI Number
90-0177341
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CALDERON, SANTIAGO W
793 HEALTHCARE DRIVE, SUITE 102
ORANGE CITY, FL 32763

DO NOT WRITE IN THIS SPACE

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: Santiago W. Calderon 4/27/06
Signature, typed or printed name of registered agent and title if applicable — Date

FILE NOW!!! FEE IS $600.00
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 #	P03000043803
NAME	CHRISTEPH OF BERMUDA GROVE, INC.
STREET ADDRESS	793 HEALTHCARE DRIVE, SUITE 102
CITY-ST-ZIP	ORANGE CITY, FL 32763
DOCUMENT #	
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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: Santiago W. Calderon 4/27/06 386-753-0661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #