

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

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

**DOCUMENT # A03000001810**

1. Entity Name  
**THE FEN, L.L.L.P.**



Principal Place of Business  
**4781 WILLIAMS ROAD  
TALLAHASSEE, FL 32311**

Mailing Address  
**4781 WILLIAMS ROAD  
TALLAHASSEE, FL 32311**



01312006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0790606**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, LINDA M  
4781 WILLIAMS ROAD  
TALLAHASSEE, FL 32311**

**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

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

DATE

**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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**WILLIAMS, JOHN L  
4781 WILLIAMS ROAD  
TALLAHASSEE, FL 32311**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**WILLIAMS, LINDA M  
4781 WILLIAMS ROAD  
TALLAHASSEE, FL 32311**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

1000000424912  
02/18/06-80071-011 500.00

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: *Linda M Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2-1-2006* *850-878-13*  
Date Daytime Phone #

STAPLE CHECK HERE