

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR -7 AM 10:16

DOCUMENT # A04000001002 1. Entity Name OWNBY FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 3801 WOODBRIAR TRAIL ORANGE, FL 32129			Mailing Address 3801 WOODBRIAR TRAIL ORANGE, FL 32129		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 290127 Suite, Apt. #, etc.			
City & State PORT ORANGE		City & State PORT ORANGE, FL		4. FEI Number 20-0237430 20-1382072	
Zip 32129	Country U.S.	Zip 32129	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWNBY, JAMES D II 3801 WOODBRIAR TRAIL ORANGE, FL 32129				7. Name and Address of New Registered Agent Name GLENN D. STORCH P.A. Street Address (P.O. Box Number is Not Acceptable) 420 S. NOVA RD. City DAYTONA BEACH FL Zip Code 32114	
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>					
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 # NAME STREET ADDRESS CITY-ST-ZIP	OWNBY, JAMES D II 3801 WOODBRIAR TRAIL PORT ORANGE, FL 32129		STREET ADDRESS CITY-ST-ZIP	P.O. Box 290127 PORT ORANGE, FL 32129	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	500071642595 04/24/06--01064--011 **\$500.00	
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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: <u>James D. Ownby</u> 3-27-06 386-322-6117 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE