

2006 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2006****FILED****May 01, 2006 08:00 AM**
Secretary of State**DOCUMENT # A04000001121****1. Entity Name**
THE ADAMS LIMITED FAMILY PARTNERSHIP, LTD.**Principal Place of Business**2356 NW 111 AVE
SUNRISE, FL 33322**Mailing Address**2356 NW 111 AVE
SUNRISE, FL 33322

03072006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE**4. FEI Number**

20-1419581

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**GOLDSTEIN, LISA K ESQ
1000 CORPORATE DR, 7TH FLOOR
FT LAUDERDALE, FL 33334**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 ADAMS, WILLIAM L TRUSTEE
STREET ADDRESS 2356 NW 111 AVE
CITY-ST-ZIP SUNRISE, FL 33322**DOCUMENT #**
NAME ADAMS, NANCY F TRUSTEE
STREET ADDRESS 2356 NW 111 AVE
CITY-ST-ZIP SUNRISE, FL 33322**DOCUMENT #**
NAME
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CITY-ST-ZIP**DOCUMENT #**
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CITY-ST-ZIPU00000554592
05/15/06-80094-022 500.00**DO NOT WRITE
IN THIS SPACE****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:****CLIENT'S COPY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SAMPLE VOUCHER HERE