

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001266

1. Entity Name
DEEB FAMILY HOMES, LTD.



Principal Place of Business
**9020 RANCHO DEL RIO DRIVE, SUITE 125
NEW PORT RICHEY, FL 34655**

Mailing Address
**9020 RANCHO DEL RIO DRIVE, SUITE 125
NEW PORT RICHEY, FL 34655**



01252006 No Chg-LP CR2ED03 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DEEB, ALEX R
9020 RANCHO DEL RIO DRIVE, SUITE 125
NEW PORT RICHEY, FL 34655**

**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 #	P03000019217
NAME	DEEB FAMILY HOMES, INC.
STREET ADDRESS	9020 RANCHO DEL RIO DRIVE, SUITE 125
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

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03/18/06-80024-001 508.75

**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: By: Stephanie D. Dietz

SIGNATURE AND TYPED OR PRINTED NAME OF FILING GENERAL PARTNER

Date _____

Daytime Phone # _____

STAPLE CHECK HERE