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

**FILED**
**Mar 01, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # A04000001508

1. Entity Name
CMA & JWA FAMILY ENTERPRISES, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 1621 TILESTON ROAD<br>ST. CLOUD, FL 34771 | 1621 TILESTON ROAD<br>ST. CLOUD, FL 34771 |

U00000451145
03/10/06-80040-005 500.00

02072006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-1636491
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATKINSON, CAROLE M
1621 TILESTON ROAD
ST. CLOUD, FL 34771

**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 Carole M Atkinson 2/25/06
Signature, typed or printed name of registered agent and title if applicable — DATE

Carole Atkinson

**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 # | L04000065656 |
| NAME | CMA & JWA INTERESTES, LLC |
| STREET ADDRESS | 1621 TILESTON ROAD |
| CITY-ST-ZIP | ST. CLOUD, FL 34771 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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.

Carole M Atkinson
**SIGNATURE:** Carole M Atkinson 2/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #