

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAY -1 AM 9:39

<b>DOCUMENT # A04000001670</b>					
1. Entity Name <b>DANIEL FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>601 LONGBOAT CLUB ROAD                  SUITE 1101-S                  LONGBOAT KEY, FL 34228</b>			Mailing Address <b>601 LONGBOAT CLUB ROAD                  SUITE 1101-S                  LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		03092006    Chg-LP    CR2E003 (11/05)	
4. FEI Number <b>65-0763925</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SILBERSTEIN, DAVID M ESQ.                  720 SOUTH ORANGE AVE.                  SARASOTA, FL 34236</b>			Name <b>RIC GREGORIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 S. ORANGE AVE</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34236</b>		
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 <b>4/25/06</b>		
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L06000014892		STREET ADDRESS		
NAME	DANIEL FAMILY LLC		CITY- ST- ZIP		
STREET ADDRESS	601 LONGBOAT CLUB ROAD, SUITE 1101-S		STREET ADDRESS		
CITY- ST- ZIP	LONGBOAT KEY, FL 34228		CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
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CITY- ST- ZIP			CITY- ST- ZIP		
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:			Date <b>Apr 28, 06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE