


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SECRETARY OF STATE
 DIVISION
 06 FEB -8 AM 9:59

DOCUMENT # A05000000510


1. Entity Name
C & S FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
55002 FAMILY CT. **55002 FAMILY CT.**
CALLAHAN, FL 32011 **CALLAHAN, FL 32011**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02012006 Chg-LP CR2E003 (11/05)



6. Name and Address of Current Registered Agent

CARTER, JOHNNY EARL
55002 FAMILY CT.
CALLAHAN, FL 32011

4. FEI Number
04-3807656

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 STREET ADDRESS CITY-ST-ZIP	CARTER, JOHNNY EARL 55002 FAMILY CT. CALLAHAN, FL 32011
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CARTER, LAURA S 55002 FAMILY CT. CALLAHAN, FL 32011
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600066121586
CITY-ST-ZIP	02/17/06--01010--014 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: Laura S. Carter Laura S. Carter 1-31-06 (904)879-1042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE