


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 17 AM 10:22

<b>DOCUMENT # A05000000530</b>	
<b>1. Entity Name</b> ERIKA M. ANDERSON FAMILY LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 214 BANNING BEACH ROAD TAVARES, FL 32778	<b>Mailing Address</b> 214 BANNING BEACH ROAD TAVARES, FL 32778
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

*JP*



01182006 Chg-LP CR2E003 (11/05)

<b>6. Name and Address of Current Registered Agent</b>  THE ROY LAW FIRM, PL 411 W. CENTRAL PARKWAY ALTAMONTE SPRINGS, FL 32714	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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 date 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000022823	STREET ADDRESS	
NAME	ANDERSON CAPITAL MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	214 BANNING BEACH ROAD		
CITY-ST-ZIP	TAVARES, FL 32778		
DOCUMENT #		STREET ADDRESS	000069070750
NAME		CITY-ST-ZIP	03/30/06--01067--009 **500.00
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NAME		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:** Erika L. Anderson 03-16-2006 831 2345  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

*Erika L. Anderson*

STAPLE CHECK HERE