2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY SEPTEMBER 6, 2006

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A05000000670 1. Entity Name MOORES FAMILY INVESTMENTS, LLLP 06 AUG 10 AM 9:53 Principal Place of Business Mailing Address 4627 RUE BELLE MER P.O. BOX 1475 SANIBEL FL 33957 SANIBEL FL 33957 2. Principal Place of Business 4627 Kue Belle Man Suite, Apt. #, etc. 2nd MOORE CR2E003 (4/06) Applied For 4. FEI Number Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORES, JOHN D 4627 RUE BELLE MER Street Address (P.O. Box Number is Not Acceptable) SANIBEL FL 33957 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. S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00. File Now!!! Fee is \$900.00 Due By September 6, 2006 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 # STREET ADDRESS NAME MOORES, JOHN D TRUSTEE STREET ADDRESS 4627 RUE BELLE MER CITY-ST-7IP CITY-ST-ZIP SANIBEL FL 33957 <u>400078986264</u> 08/22/06--01020--012 **500.00 DOCUMENT # STREET ADDRESS NAME MOORES, SARA R TRUSTEE STREET ADDRESS 4627 RUE BELLE MER CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOD SENT # STREET ADDRESS NAME STREET ADDRESS 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