


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 10 AM 9:53

DOCUMENT # A0500000670
1. Entity Name
MOORES FAMILY INVESTMENTS, LLLP



Principal Place of Business: **4627 RUE BELLE MER SANIBEL FL 33957**
Mailing Address: **P.O. BOX 1475 SANIBEL FL 33957**



2. Principal Place of Business: **4627 Rue Belle Mer**
3. Mailing Address: **PO Box 1475**
Suite, Apt. #, etc.

2nd MOORE CR2E003 (4/06)

City & State: **Sanibel, FL**
City & State: **Sanibel, FL**

4. FEI Number Applied For
 Not Applicable

Zip: **33957** Country: **Lee**
Zip: **33957** Country: **Lee**

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

6. Name and Address of Current Registered Agent
**MOORES, JOHN D
4627 RUE BELLE MER
SANIBEL FL 33957**

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: John D. Moores DATE: 8/7/06

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	
DOCUMENT #	MOORES, JOHN D TRUSTEE
NAME	4627 RUE BELLE MER
STREET ADDRESS	SANIBEL FL 33957
CITY - ST - ZIP	
DOCUMENT #	MOORES, SARA R TRUSTEE
NAME	4627 RUE BELLE MER
STREET ADDRESS	SANIBEL FL 33957
CITY - ST - ZIP	
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	400078986264
CITY - ST - ZIP	08/22/06--01020--012 **500.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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

SIGNATURE: John D. Moores DATE: 8/7/06 DAYTIME PHONE #: 2394724879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER