## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September-6, 2006

SIGNATURE:

AND TYPED OR PRINTED NAME OF

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A05000000831 1. Entity Name 06 AUG 29 AM 10: 26 D & L FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 100 VILLA COURT 100 VILLA COURT PANAMA CITY BEACH, FL 32413 PANAMA CITY BEACH, FL 32413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08272006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILMORE, DOUGLAS E Street Address (P.O. Box Number is Not Acceptable) 100 VILLA COURT PANAMA CITY BEACH, FL 32413 City 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, typed or printed name of registered agent and title if applicable. DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. FILE NOW!!! FEE IS \$500.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCHMENT # STREET ADDRESS GILMORE, DOUGLAS E NAME STREET ADDRESS 100 VILLA COURT CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 900079735499 }/12/06--01071--012 \*\*\*50 DOCUMENT / STREET ADDRESS NAME GILMORE, LORRAINE M STREET ADDRESS 100 VILLA COURT CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # 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 30 AU606