

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A05000000866	
1. Entity Name THE PENNETTA FAMILY LIMITED PARTNERSHIP	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:23

Principal Place of Business 27693 BAY POINT LANE BONITA SPRINGS FL 34134	Mailing Address 27693 BAY POINT LANE BONITA SPRINGS FL 34134
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2. Principal Place of Business Same as above.	3. Mailing Address Same as above.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E003 (10/05)

4. FEI Number 20-2771947	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSEPH A. TROIANO, ESQ., PA 12800 UNIVERSITY PARK FORT MYERS FL 33907	7. Name and Address of New Registered Agent Name Joan K. Pennetta Street Address (P.O. Box Number is Not Acceptable) 27693 Bay Point Lane City Bonita Springs FL Zip Code 34134
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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 Joan K. Pennetta Joan K. Pennetta 3/1/06
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	NAME	STREET ADDRESS	
	PENNETTA, RICHARD J TRUSTEE		
STREET ADDRESS	27693 BAY POINT LANE	CITY-ST-ZIP	
	BONITA SPRINGS FL 34134		
DOCUMENT #	NAME	STREET ADDRESS	
	PENNETTA, JOAN K TRUSTEE		
STREET ADDRESS	27693 BAY POINT LANE	CITY-ST-ZIP	
	BONITA SPRINGS FL 34134		
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STREET ADDRESS		CITY-ST-ZIP	

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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: R. T. PENNETTA 3/1/06 (239) 992-3844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE