


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 27 AM 10:41

DOCUMENT # A05000000879		
1. Entity Name FWF PARTNERS, LLLP		

Principal Place of Business 51 RIVER ROAD ORANGE PARK, FL 32073	Mailing Address 51 RIVER ROAD ORANGE PARK, FL 32073
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03162006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-2788301	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	
WATSON, TODD 7785 BAYMEADOWS WAY STE 107 JACKSONVILLE, FL 32256	

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	DATE

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 #	NAME	STREET ADDRESS	
STREET ADDRESS	GIBSON, CAROL LYNNE	CITY-ST-ZIP	
CITY-ST-ZIP	51 RIVER ROAD ORANGE PARK, FL 32073		
DOCUMENT #	NAME	STREET ADDRESS	100069920841
STREET ADDRESS		CITY-ST-ZIP	04/10/06--01018--013 **500.00
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			
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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

SIGNATURE: Carol Lynne Gibson 3-16-06 904.317-0333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE