



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 06 MAY -1 PM 1:30
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A05000000970				
1. Entity Name THE JOHN PAUL GADDIS FAMILY LIMITED PARTNERSHIP				
Principal Place of Business 221 W. OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311		Mailing Address 221 W. OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311		
2. Principal Place of Business		3. Mailing Address P. O. Box 950		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State Fort Lauderdale, FL		4. FEI Number 03302006 Chg-LP CR2E003 (11/05)
Zip	Country	Zip 33302-0950	Country	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
GADDIS, JESSE P 221 W. OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
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 CITY-ST-ZIP	P03000096041 JOHN PAUL FAMILY CORP. 221 W. OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311	STREET ADDRESS		
		CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	500074674395	
		CITY-ST-ZIP	05/16/06--01042--004 **\$500.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
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		CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
		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: 		JESSE P. GADDIS 4/10/06 (954) 565-8900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Day/mo Phone #</small>		

STAPLE CHECK HERE