

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000001074

**FILED**  
**Feb 27, 2006**  
**Secretary of State**

**Entity Name:** THE TOBLER FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1193 GANGES TRAIL  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

1193 GANGES TRAIL  
GULF BREEZE, FL 32563

**New Mailing Address:**

P.O. BOX 6381  
GULF BREEZE, FL 32563

FEI Number: 20-2025121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOBLER, ROLAND  
378 ANDERSTON STREET NE  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

ELOWSKY, LAURA L  
1193 GANGES TRAIL  
GULF BREEZE, FL 32563 US

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.

SIGNATURE: LAURA L. ELOWSKY G

02/27/2006

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: ELOWSKY, LAURA

Address: 1193 GANGES TRAIL

City-St-Zip: GULF BREEZE, FL 32563

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA L. ELOWSKY

GP

02/27/2006

Electronic Signature of Signing General Partner

Date