



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

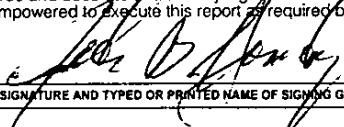
FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 10 AM 9:06

|   |                          |   |   |  |  |
|---|--------------------------|---|---|--|--|
| <b>DOCUMENT # A05000001134</b><br>1. Entity Name<br>FGK LTD FAMILY LIMITED PARTNERSHIP  |                          |   |   |   |  |
| Principal Place of Business<br>2346 PIGGYBACK ROAD<br>ARCADIA, FL 34266   |                          |   | Mailing Address<br>2346 PIGGYBACK ROAD<br>ARCADIA, FL 34266 |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |                          | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |    |  |
| City & State  |                          | City & State                                  |   | 4. FEI Number<br>02152006    Chg-LP    CR2E003 (11/05)   |  |
| Zip    Country  |                          | Zip    Country                                |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                      |  |
| 6. Name and Address of Current Registered Agent<br><br>KAMBERG, JOHN<br>2346 PIGGYBACK ROAD<br>ARCADIA, FL 34266  |                          |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                          |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2006, Fee will be \$900.00</b>  |                          |   |   |  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                          |   |   |  |  |
| <b>12. GENERAL PARTNER INFORMATION</b>  |                          |   |   | <b>13. ADDRESS CHANGES ONLY</b>  |  |
| DOCUMENT #  | P05000078757             |   |   | STREET ADDRESS   |  |
| NAME  | KAMBERG INVESTMENT CORP. |   |   | CITY-ST-ZIP  |  |
| STREET ADDRESS  | 2346 PIGGYBACK ROAD      |   |   |  |  |
| CITY-ST-ZIP   | ARCADIA, FL 34266        |   |   |  |  |
| DOCUMENT #  |                          |   |   | STREET ADDRESS   |  |
| NAME  |                          |   |   | CITY-ST-ZIP  |  |
| STREET ADDRESS  |                          |   |   |  |  |
| CITY-ST-ZIP   |                          |   |   |  |  |
| DOCUMENT #  |                          |   |   | STREET ADDRESS   |  |
| NAME  |                          |   |   | CITY-ST-ZIP  |  |
| STREET ADDRESS  |                          |   |   |  |  |
| CITY-ST-ZIP   |                          |   |   |  |  |
| DOCUMENT #  |                          |   |   | STREET ADDRESS   |  |
| NAME  |                          |   |   | CITY-ST-ZIP  |  |
| STREET ADDRESS  |                          |   |   |  |  |
| CITY-ST-ZIP   |                          |   |   |  |  |
| DOCUMENT #  |                          |   |   | STREET ADDRESS   |  |
| NAME  |                          |   |   | CITY-ST-ZIP  |  |
| STREET ADDRESS  |                          |   |   |  |  |
| CITY-ST-ZIP   |                          |   |   |  |  |

STAPLE CHECK HERE

700068533677  
 03/23/06--01049--009    \*\*500.00

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:     2-27-06    803 494-7202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #