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

## DOCUMENT # A0500001465

1. Entity Name
TAK-2 FAMILY LTD.

or the receiver or trustee

SIGNATURE:



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 10 AM 10: 48

2/24/06 (850) 222-3329

Principal Place of Business		Mailing Address				
409 EL DESTINADO DRIVE		409 EL DESTINADO DRIVE				
TALLAHASSEE, FL 32312		TALLAHASSEE, FL 32312				
				i	TAX TERRET TELL ARTES FOR BANK FOR BANK ARTH ARTH TRIBLES AND BOOK AND	
Principal Place of Business     3. Mailing Address						
2. Principal P	lace of Business	3. Mailing Address			A. I TREEFER THE BETTER BITTLE BETTER BETTER BETTER BETTER HAND BETTER BETTER BETTER BETTER BETTER BETTER BETTER	
Suite Ant	# olc	Suite, Apt. #, etc.			-	
Suite, Apt. #, etc.		Soile, Apr. #, etc.			02242006 Chg-LP CR2E003 (11/05)	
City & State		City & State			4. FEI Number _ Applied For	
Only a State					59 - 38/2589 Not Applicable	
Zip Country		Zip Coun		trv	¢9.75	
				,	5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent				1	7. Name and Address of New Registered Agent	
				Name		
KLEIN, THOMAS A						
	STINADO DRIVE	Street Addre		Street Address	(P.O. Box Number is Not Acceptable)	
TALLAHAS	SSEE, FL 32312			ļ		
				City	FL Zip Code	
	<del></del>	<del> </del>		<u> </u>		
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	register	ed affice or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
the congar	ions of registered agent.				· ·	
SIGNATURE -		MATERIAL DESCRIPTION OF THE PROPERTY OF THE PR				
	Signature, typed or printed name of registered agent	and title if applicable.			Ολ· "E	
	FILE NOV	VIII FEE IS \$500.00				
After May 1, 2006, Fee will be \$900.00						
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	UST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.	
NOTE: General Partners MAY NOT be changed on the for						
12.	GENERAL PARTNER	RINFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT ≠			e rai	EET ADDRESS		
NAME	KLEIN, THOMAS A		Sin	LET ADDITESS		
STREET ADDRESS	409 EL DESTINADO DRIVE		CITY	-ST-ZIP		
CHTY ST ZIP	TALLAHASSEE, FL 32312		Ş,r.ı	J. 2		
DOCUMEN) #			610	E1 ADDRESS	10006609551	
NAMI;	KLEIN, ELIZABETH A		5169	ET ADDRESS	100068093531 	
STREET ADDRESS	409 EL DESTINADO DRIVE		0.00	-ST-ZIP		
CITY - ST - ZIP	TALLAHASSEE, FL 32312		CITY	.31-21		
DOCUMENT #						
NAME			51RI	EET ADDRESS		
STREE! ADDRESS			CITA	SI-ZIP		
CHTY ST ZIP			CII:	31.21		
DGCUMENT #						
NAME			STR	EE1 ADDRESS		
STREET ADDRESS						
CHY ST ZIP			CHY	ST ZIP		
DOCUMENT ≠						
NAME			STR	EET ADDRESS		
STREET ADDRESS			O.T.	' ST-ZIP	777-17-77-17-18-18-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	
CITY S1-ZIP			Citi	21.71		
DOCUMENT #			1		, <u>, , , , , , , , , , , , , , , , , , </u>	
NAME	•		STA	EET ADDRESS		
STREET ADDRESS				. —	<del></del>	
City ST ZIP			CITY	r-SI-ZIP		
	certify that the information supplied will	h this filing does not qualify t	or the e	xemptions contain	ned in Chapter 119. Florida Statutes, Uturther certify that the information	
undicated	on this report is true and accurate and	that my signature shall have	the sam	e legal effect as if	f made under oath; that I am a General Partner of the limited partnership	
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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes						

Thomas A. Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER