2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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DOCUMENT # A0500001652 1. Entity Name CHARLES AND REBECCA RICHARDSON FAMILY LIMITED PARTNERSHIP						06 06	FEB -8	等的 14 9:57	t Cig	
Principal Place of Business Mailing Address 1325 OLDE DOUBLOON DRIVE 1325 OLDE DOUBLOON VERO BEACH, FL 32963 VERO BEACH, FL 32963						1				
2. Principal P	lace of Busin	ness	3. Mailing Address P.O. Box 33	3. Mailing Address P.O. Box 3343						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LP	CR2E003	3 (11/05)	
City & State			City & State Vero Beach,	City & State Vero Beach, Florida			370134		Applied For Not Applicable	
Zip	' '		Zip 32964-3343	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Cur	rent Registered Agent		None	7. Name and A	ddress of New R	legistered Ag	ent	
LAUER, E.	LAUER, E. STEVEN					Name				
3426 OCE VERO BEA	AN DRIVE	Ē			Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code				Zip Code	
8 The above	named entit	v submits this stateme	ent for the purpose of changing	red office or registe	red agent or both	in the State of Eld		niliar with and accept		
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. It am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00										
			R THAT IS A BUSINESS MAY NOT be changed or							
12,	NOTE		THER INFORMATION	ii, ali amenumei	nt must be med	ADDRESS CHA		er.		
DOCUMENT /	P0500011	7367		STR	EET ADDRESS					
name Street address	CHARLES AND REBECCA RICHARDSON CORP. 1325 OLDE DOUBLOON DRIVE									
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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 Charles C. Richardson Processing Containing the containing the containing that the information 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										
Indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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 Charles C. X i disardism Securation of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Charles C. X i disardism Securation of the limited partnership or the receiver of trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date On yourse Phone **										