2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

DOCUMENT # A0500001960 1. Entity Name THE HOWE FAMILY LIMITED PARTNERSHIP					DIVISIONAL STATE			
						06 FEB 14;	THE PATIENTS	
Principal Place	e of Business	Mailing Address		The state of the s	1	LD II;	MH 8:40	
	HINGTON LOOP ROAD RDA FL 33982	36880 WASHINGTON	36880 WASHINGTON LOOP ROAD PUNTA GORDA FL 33982					
2. Principal Place of Business		3. Mailing Address			Z 1880 BII INII NAINI NIII NAINI NAINI	BIR SEM EEM DOID II	NIN (A1)3 3) NN(\$3) 4/ 100	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		AR .	1st MOORE	CR2E003	(10/05)	
City & State		City & State			4. FEI	Number		Applied For Not Applicable
Zip Country		Zip	Country		5. Cer	tificate of Status Desire		8.75 Additional ee Required
	6. Name and Address of Curren	t Registered Agent			7. Nan	ne and Address of Ne	w Registered A	gent
	Name							
HOWE, RICHARD 36880 WASHINGTON LOOP ROAD PUNTA GORDA FL 33982				Street Address (P.O. Box Number is Not Acceptable)				
FUNTA GONDA I E 33302				City				Zip Code
				City			FL	Zip Code
	named entity submits this statement obligations of registered agent.	for the purpose of changing	its registe	ered office or regis	stered age	ent, or both, in the State	e of Florida. I am	ı familiar with, and
SIGNATURE .	Signature, typed or printed name of registered age	nt and fille if applicable.					DATE	
FILE NO		er May 1, 2006, fee w	vill be \$	900. ∗∗∗ Ma	ke che	ck payable to Fl	orida Depar	tment of State.
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS E						
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY			
DOCUMENT # NAME	HOWE, ERIC			EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	36880 WASHINGTON LOOP ROAD PUNTA GORDA FL 33982		CITY	'-ST-ZIP	- 300066794403			
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STREET ADDRESS CITY - ST - ZIP			CITY	'- ST- ZIP				
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STREET ADDRESS CITY-ST-ZIP			CHTY	Y-ST-ZIP				
DOCUMENT # NAME			STR	EET ADDRESS				
STREET ADDRESS			CITY	Y-ST-ZIP				
14. I he indic	certify that the information supplied on this report is true and accurate a siver or trustee employered to execu-	ind that my signature shall ha	ve the sar	ne legal effect as i	if made un	pter 119, Florida Statu der oath; that I am a G	ites. I further cer eneral Partner of	tify that the information fithe limited partnership

2-2-06 941-628-3564