


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

DOCUMENT # A05000002141	
1. Entity Name THE ENGLUND FAMILY LIMITED PARTNERSHIP	

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JUL 18 AM 10:31

Principal Place of Business 593 WEST TED WILLIAMS COURT HERNANDO, FL 34442	Mailing Address 593 WEST TED WILLIAMS COURT HERNANDO, FL 34442
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2. Principal Place of Business 1349 W. Double Eagle Ct Suite, Apt. #, etc.	3. Mailing Address 1349 W. Double Eagle Ct Suite, Apt. #, etc.
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City & State Hernando, Fl.	City & State Hernando, Fl.	4. FEI Number 20-3870595	Applied For <input type="checkbox"/> Not Applicable
Zip 34442	Country USA	Zip 34442	Country USA



07132006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent BRENNAN,MANNA & DIAMOND, P.L. 76 SOUTH LAURA STREET STE 2110 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ENGLUND, CRAIG W 593 WEST TED WILLIAMS COURT HERNANDO, FL 34442	STREET ADDRESS CITY-ST-ZIP	1349 W. Double Eagle Ct. Hernando, FL. 34442
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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:  7/13/06 352-860-3664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #