

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000002315

**FILED**  
**Feb 06, 2006**  
**Secretary of State**

**Entity Name:** MCCALL FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

5045 WESTSHORE DRIVE  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5045 WESTSHORE DRIVE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ICARD, MERRILL, CULLIS, ET AL  
ATTN: F. THOMAS HOPKINS  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MILLER, MARGARET M TRUSTEE  
Address: 5045 WESTSHORE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARGARET M. MILLER TRUSTEE

GP

02/06/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date