

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAY 19 AM 9:36

**DOCUMENT # A05000002319**

1. Entity Name  
 AHAD ISLAM FAMILY LIMITED PARTNERSHIP, LLLP



Principal Place of Business  
 2400 HARBOR BLVD. ~~SUITE 9~~  
 PORT CHARLOTTE, FL 33952

Mailing Address  
 2400 HARBOR BLVD. ~~SUITE 9~~  
 PORT CHARLOTTE, FL 33952

2. Principal Place of Business

2400 HARBOR BLVD., SUITE 6  
 Suite, Apt. #, etc.

3. Mailing Address

2400 HARBOR BLVD., SUITE 6  
 Suite, Apt. #, etc.



04042006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number

APPLIED FOR

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HOLMES, DAVID A  
 99 NESBIT STREET  
 PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name DANIEL A. LANE  
 Street Address (P.O. Box Number is Not Acceptable)

4166 TAMiami TRAIL, UNIT B  
 City PORT CHARLOTTE FL Zip Code 33952

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

*Daniel A. Lane*

4/21/06  
 DATE

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT #  
 NAME AHAD, ARSHAD  
 STREET ADDRESS 2400 HARBOR BLVD. ~~SUITE 9~~  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2400 HARBOR BLVD., SUITE 6  
 CITY-ST-ZIP

STREET ADDRESS 800075380618  
 CITY-ST-ZIP 05/26/06--01052--011 \*\*\*\$50.00

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

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 820, Florida Statutes

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ARSHAD AHAD, GENERAL PARTNER

4/21/06  
 Date

Daytime Phone #

\* STAPLE CHECK HERE