

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**



**FILED**

08 FEB 19 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/07)

DOCUMENT # A06000001548	
1. Entity Name THE 2006 JOYCE FAMILY FLP, LTD.	
Principal Place of Business 14130 NORTH MERIDIAN ROAD TALLAHASSEE FL 32312-9753	Mailing Address 14130 NORTH MERIDIAN ROAD TALLAHASSEE FL 32312-9753
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
4. FEI Number AP-PLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BREWSTER, JAMES R 547 N. MONROE STREET, SUITE 203 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 firm if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	JOYCE, MARY D	STREET ADDRESS	
NAME	14130 NORTH MERIDIAN ROAD	CITY-ST-ZIP	000118558320 02/21/08--01038--018 **500.00
STREET ADDRESS	TALLAHASSEE FL 32312-9753		
CITY-ST-ZIP			
DOCUMENT #	JOYCE, EDWIN A JR.	STREET ADDRESS	
NAME	14130 NORTH MERIDIAN ROAD	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE FL 32312-9753		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 Edwin A. Joyce, Jr. Edwin A. Joyce, Jr. 2-4-08 8508971970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #