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

## **FILED** Due By May 1, 2006 Apr 25, 2006 08:00 AN Secretary of State DOCUMENT # A10495 1. Entity Name JENKINS FAMILY ASSOCIATES LTD. Principal Place of Business Mailing Address P. O. BOX 27610 P. O. BOX 27610 PANAMA CITY, FL 32411 PANAMA CITY, FL 32411 04222006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2074374 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JENKINS, ROSEMARY A. DO NOT WRITE 5411 GULF DR PANAMA CITY BEACH, FL 32408 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable DATE 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. GENERAL PARTNER INFORMATION 12. DOCUMENT# JENKINS, ROSEMARY A. NAME STREET ADDRESS 5411 GULF DR. CITY-ST-ZIP PANAMA CITY BEACH, FL DOCUMENT# NAME U00000533085 05/06/06-80110-006 500.00 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZP DOCHRAFNT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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:

CHECK HERE

STAPLE

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING GENERAL PARTNER

pil 18 06
Date Devine Phone 8