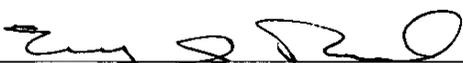


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 APR 24 AM 10:56

<b>DOCUMENT # A22631</b>				
1. Entity Name THE PAUL FAMILY LIMITED PARTNERSHIP				
Principal Place of Business 2020 DUNDEE RD. WINTER HAVEN, FL 33884		Mailing Address 2020 DUNDEE RD. WINTER HAVEN, FL 33884		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	03232006 Chg-LP CR2E003 (11/05) 4. FEI Number 59-2673491 Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
PAUL, EUGENE S 2020 DUNDEE RD. WINTER HAVEN, FL 33884		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>				
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>				
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS		
STREET ADDRESS	PAUL, MARGARET W	CITY - ST - ZIP		
CITY - ST - ZIP	1300 N. LAKE OTIS DR. WINTER HAVEN, FL 33880			
DOCUMENT #	NAME	STREET ADDRESS	600074753406 05/17/06-01012-012 **500.00	
STREET ADDRESS	PAUL, J R JR.	CITY - ST - ZIP		
CITY - ST - ZIP	LIVE OAK LANE LABELLE, FL 33975			
DOCUMENT #	NAME	STREET ADDRESS		
STREET ADDRESS	PAUL, EUGENE S	CITY - ST - ZIP		
CITY - ST - ZIP	11 LAKE ELOISE LANE WINTER HAVEN, FL 33884			
DOCUMENT #	NAME	STREET ADDRESS	5701 FT DENAUD ROAD ALVA, FL 33920	
STREET ADDRESS	PAUL, BRYAN W	CITY - ST - ZIP		
CITY - ST - ZIP	HIGHWAY 29 SOUTH LABELLE, FL 33975			
DOCUMENT #	NAME	STREET ADDRESS		
STREET ADDRESS		CITY - ST - ZIP		
CITY - ST - ZIP				
DOCUMENT #	NAME	STREET ADDRESS		
STREET ADDRESS		CITY - ST - ZIP		
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 620, Florida Statutes				
SIGNATURE: 		Date: 3/23/06		Daytime Phone #: 863 293-9906
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE