2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 DOCUMENT # A26355 1. Entity Name MUM FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 68 MAMMOTH GROVE RD. PO BOX 231 LAKE WALES, FL 33898-7330 LAKE WALES, FL 33859-0231 DO NOT WRITE IN THIS SPACE

FILED Feb 01, 2006 08:00 AM **Secretary of State**

01172006 No Chg-LP CR2E003 (11/05)

4. FEI Number Applied For 59-2886342 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

UPDIKE, LAWRENCE C. 68 MAMMOTH GROVE ROAD LAKE WALES, FL 33853

SIGNATURE: \(\)

DO NOT WRITE 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 account the obligations of registered agent.		
SIGNATURE — Signature, typed or printed name of registered agent and title it 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 STREET ADDRESS DITY-ST-ZIP	648901 GINCO, INCORPORATED 68 MAMMOTH GROVE RD LAKE WALES, FL 338987330	1100000413965 02/11/06-80017-010 500.00
DOCUMENT # NAME STREET ADDRESS C)TY-ST-ZIP		DO NOT WRITE IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY -ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS C(TY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		

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 partners in or the receiver or trustee employment to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Lawrence C. Updike, Sec/Treas Date

863-696-1487 Daytime Phone #