


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # A92000000239 1. Entity Name NATHAN FAMILY, LTD.	
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Principal Place of Business 820 S. BEA AVENUE INVERNESS, FL 34452	Mailing Address 820 S. BEA AVENUE INVERNESS, FL 34452
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04182006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3158635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NATHAN, RAMA V 820 S. BEA AVENUE INVERNESS, FL 34452	DO NOT WRITE IN THIS SPACE
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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 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	NATHAN, RAMA V
STREET ADDRESS	820 S. BEA AVENUE
CITY-ST-ZIP	INVERNESS, FL 34452
DOCUMENT #	
NAME	NATHAN, MEENA R
STREET ADDRESS	820 S. BEA AVENUE
CITY-ST-ZIP	INVERNESS, FL 34452
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000533091
 05/06/06-80110-008 500.00

DO NOT WRITE IN THIS SPACE

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 it 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: **4-23-06** (352) 637-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Rama V Nathan

STAPLE CHECK HERE