


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUN 13 AM 9:51

DOCUMENT # A92000000248		
1. Entity Name TURNER FAMILY PARTNERSHIP, LTD., LLP		

Principal Place of Business 10089 PARADISE BOULEVARD TREASURE ISLAND, FL 33706	Mailing Address 10089 PARADISE BOULEVARD TREASURE ISLAND, FL 33706
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04062006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3155698	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TURNER, ALBERT J JR 10089 PARADISE BOULEVARD TREASURE ISLAND, FL 33706		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 06/21/06

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	TURNER, ALBERT J., JR., TRUSTEE		
STREET ADDRESS	10089 PARADISE BOULEVARD	CITY-ST-ZIP	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		
DOCUMENT #	NAME	STREET ADDRESS	
	TURNER, LOIS H., TRUSTEE		
STREET ADDRESS	10089 PARADISE BOULEVARD	CITY-ST-ZIP	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		
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CITY-ST-ZIP			

03/28/06 - 01028-001-\$25.00

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: Albert J. Turner ALBERT J. TURNER 6/8/06 937-623-8130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE