2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A92000000290

1. Entity Name
SMITH FAMILY PARTNERS, LTD., LLLP

Principal Place of Business	Mailing Address
2620 W. TENNESSEE STREET TALAHASSEE, FL 32304	P.O. BOX 1671 TALLAHASSEE, FL 32302

04282006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3308108 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, IRENE W
P. O. BOX 1671
TALLAHASSEE, FL 32302

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
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	SMITH, J. BLOXHAM JR.		
STREET ADDRESS	2612 W. TENNESSEE STREET	CITY-ST-ZIP	U00000557776 05/17/06-00065-001 500.00
CITY-ST-ZIP	TALLAHASSEE, FL 32304		
DOCUMENT #		STREET ADDRESS	
NAME	SMITH, IRENE W		
STREET ADDRESS	2612 W. TENNESSEE STREET	CITY-ST-ZIP	
CITY-ST-ZIP	TALAHASSEE, FL 32304		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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: Irene W Smith — 5/1/06 — 878-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #