## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

## DOCUMENT # A930000000251

1. Entity Name

STAPLE CHECK HERE



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

THE JIMMY APRILE FAMILY LIMITED PARTNERSHIP				06 MAR 27 AM 11: 14
Principal Place of Business 15636 MORNING DRIVE LUTZ FL 33549		Mailing Address 15636 MORNING DRIVE LUTZ FL 33549		
2. Principal P 1086- Suite, Apt. City & State 7977- 235-6	e A, FL:	3. Mailing Address 10865 Coll Suite, Apt. #, etc. TAMPA City & State	PLI  Country  LESA	1st MOORE CR2E003 (10/05)  4. FEI Number 59-3173508   Applied For Not Applicable   -5. Certificate of Status Desired   Fee Required   -5. Required   Fee Req
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
156: LUT	RILE, JIMMY V 36 MORNING DRIVE Z FL 33559		City TAA	TIMM/ U. APRILE  180 Box Number is Not Acceptable)
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				
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.				
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	. <del> </del>	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	ADDILE IIMAYY		STREET ADDRESS	10865 CORYLAKE DRIVE
	APRILE, JIMMY V 15636 MORNING DRIVE LUTZ FL 33549		CITY-ST-ZIP -	TAMOR, FL. 33647
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	400069937584 04/10/0601042010 **500.00
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #			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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SEMERAL PARTNER  Dato  Dato  Dato  Daytimo Phone #				