


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

<b>DOCUMENT # A93000000548</b> 1. Entity Name <b>THE MIDYETTE FAMILY PARTNERSHIP, LTD.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 AM 10: 55

Principal Place of Business <b>2512 HARRIMAN CIRCLE TALLAHASSEE FL 32308</b>	Mailing Address <b>2512 HARRIMAN CIRCLE TALLAHASSEE FL 32308</b>
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2. Principal Place of Business <b>10006 Journeys End</b> Suite, Apt. #, etc.	3. Mailing Address <b>10006 Journeys End</b> Suite, Apt. #, etc.
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City & State <b>Tallahassee FL</b>	City & State <b>Tallahassee FL</b>
Zip <b>32312</b>	Country <b>USA</b>
Zip <b>32312</b>	Country <b>USA</b>



1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent <b>PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

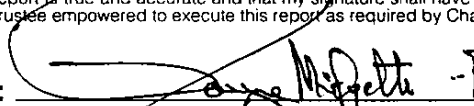
**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MIDYETTE, PAYNE H JR.	STREET ADDRESS	<b>10006 Journeys End</b>
NAME	2512 HARRIMAN CIRCLE	CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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**000074754600**  
**05/17/06--01017--007 \*\*500.00**

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:**  **Payne H. Midyette, Jr. 4-12-06 850-385-4489**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE