

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # A93000000791

1. Entity Name

STINE FAMILY PARTNERSHIP, LTD.



Principal Place of Business

**2812 JOHN MOORE ROAD
BRANDON, FL 33511**

Mailing Address

**2812 JOHN MOORE ROAD
BRANDON, FL 33511**

DO NOT WRITE IN THIS SPACE



07072006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

65-0374547

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STINE, DONALD K
2812 JOHN MOORE ROAD
BRANDON, FL 33511**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

**In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.**

**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

STREET ADDRESS

CITY-ST-ZIP

**STINE, DONALD K
2812 JOHN MOORE ROAD
BRANDON, FL 33511**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**STINE, MARY E
2812 JOHN MOORE ROAD
BRANDON, FL 33511**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

UD00000570624
07/18/06-80002-012 500.00

**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 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 GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE