


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

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

| | | | | | |
|---|---------|-----|--|---|--|
| DOCUMENT # A94000000308 | | | |  | |
| 1. Entity Name GEOFFREY L. COIT FIRST FAMILY LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 1420 FAIRFIELD DRIVE CLEARWATER FL 34616 | | | Mailing Address 1420 FAIRFIELD DRIVE CLEARWATER FL 34616 | | |
| 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 65-0462327 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent COIT, GEOFFREY L 1420 FAIRFIELD DRIVE CLEARWATER FL 34616 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |



1st MOORE CR2E003 (10/05)

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. * 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 # | NAME | STREET ADDRESS | |
| NAME | COIT, GEOFFREY L | CITY - ST - ZIP | |
| STREET ADDRESS | 1420 FAIRFIELD DRIVE | | |
| CITY - ST - ZIP | CLEARWATER FL 34616 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
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| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| 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:

Geoffrey L. Coit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/22/06
Date

727-531-056
Daytime Phone #

STAPLE CHECK HERE