


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**


FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:46

DOCUMENT # A94000000830	
1. Entity Name THE COLE FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 1102 BEN FRANKLIN DRIVE APT 307 SARASOTA, FL 34236-2255	Mailing Address 1104 FONTAINE ROAD LEXINGTON, KY 40502
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2. Principal Place of Business 5490 Palmer Blvd.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Sarasota FL	City & State
Zip 34232	Country Sarasota



02092006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0506983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEDLOCK, SHIRLEY ANN 5940 PALMER BLVD. SARASOTA, FL 34232	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 \$500.00**  
**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. CFP Corp. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000055457	STREET ADDRESS	5490 Palmer Blvd.
NAME	CFP CORP.	CITY-ST-ZIP	Sarasota, FL 34232
STREET ADDRESS	1102 BEN FRANKLIN DRIVE APT. 307		
CITY-ST-ZIP	SARASOTA, FL 342362225		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400069160564
STREET ADDRESS			03/31/06--01027--024 **500.00
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DOCUMENT #		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 the report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **Charles D. Cole** 3-7-06 -255  
 President of CFP Corp.  
 General Partner of Cole Family  
 859  
 Daytime Phone # -858/

STAPLE CHECK HERE