


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

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001016</b>					
1. Entity Name <b>THE TRUNNELL FAMILY LIMITED PARTNERSHIP, L.L.P.</b>					
Principal Place of Business <b>609 WARREN ROAD LUTZ FL 33548</b>			Mailing Address <b>609 WARREN ROAD LUTZ FL 33548</b>		
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 <b>59-3258632</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GASSMAN, ALAN S ESQ. 1245 COURT STREET, SUITE 102 CLEARWATER FL 33756</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	
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 _____					

**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 #		STREET ADDRESS	<b>UG00000485342</b>
NAME	<b>TRUNNELL, THOMAS N M.D.</b>		<b>03/22/06-80032-017 500.00</b>
STREET ADDRESS	<b>609 WARREN ROAD</b>	CITY - ST - ZIP	
CITY - ST - ZIP	<b>LUTZ FL 34549</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>TRUNNELL, PATRICIA R</b>		
STREET ADDRESS	<b>609 WARREN ROAD</b>	CITY - ST - ZIP	
CITY - ST - ZIP	<b>LUTZ FL 34549</b>		
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CITY - ST - ZIP			

STAPLE CHECK HERE

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:** *Patricia R. Trunnell* **3-8-06** **813-977-1028**