

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001342

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** THE ELFERS FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

% JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
505 S. FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

% JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
505 S. FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 65-0522762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
JONES FOSTER JOHNSTON & STUBBS, P.A.  
505 S. FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L05000001457  
Name: ELFERS ENTERPRISES HOLDINGS, LLC  
Address: 18704 MACH ONE DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34987

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FREDRICK ELFERS

MGR

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date