

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

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

<b>DOCUMENT # A94000001446</b> 1. Entity Name <b>OVERSTREET FAMILY, LTD.</b>					
Principal Place of Business <b>511 BOBBIN BROOK LANE          TALLAHASSEE, FL 32312</b>			Mailing Address <b>511 BOBBIN BROOK LANE          TALLAHASSEE, FL 32312</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip			City & State  Zip		
Country			Country		
4. FEI Number <b>59-3277915</b>			Applied For <input type="checkbox"/> 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>OVERSTREET-JOHNSON, KELLY          511 BOBBIN BROOK LANE          TALLAHASSEE, FL 32312</b>			7. Name and Address of New Registered Agent Name <b>Johnson, Kelly Overstreet</b> Street Address (P.O. Box Number is Not Acceptable) <b>511 Bobbin Brook Lane</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32312</b>		
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME	STREET ADDRESS	CITY- ST- ZIP	1100001453050 03/14/06-80006-001 500.00	
JOHNSON, KELLY O TRUSTEE	511 BOBBIN BROOK LANE	TALLAHASSEE, FL 32312			
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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					
<b>SIGNATURE:</b> <u>Kelly Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<b>3-1-06</b> <small>Date</small>		<b>850-681-6810</b> <small>Daytime Phone #</small>



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