2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A9400001467

MELTON FAMILY LIMITED PARTNERSHIP

FILED Jan 23, 2006 08:00 AN Secretary of State

Principal Place of Business 413 OLD DIRT ROAD TALLAHASSEE, FL 32311 Mailing Address 2627 MITCHAM DRIVE TALLAHASSEE, FL 32301



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERA

01092006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3312781

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

5. Name and Address of Current Registered Agent

GEEKER, VAN P

STAPLE CHECK HERE

SIGNATURE:

DO NOT WRITE

215 SOUTH MONROE STREET TALLAHASSEE, FL 32301		IN THIS SPACE		
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 \$500.00 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	•		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS	233989 JEFFWOOD APARTMENTS, INC. 413 OLD DIRT ROAD TALLAHASSEE, FL 32311		UOOOOO395990 01/27/U6-80015-UU1 500.00	
CITY-ST-ZIP DOCUMENT * NAME STREET ADDRESS CITY-ST-ZIP			OT WRITE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN IF	IIS SPACE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT / NAME 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 cath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 22, Florida Statutes				