


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 12:33

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A94000001834			
1. Entity Name LWH FAMILY, LTD.			
Principal Place of Business 2000 EXECUTIVE RD 5 WINTER HAVEN, FL 33884-1127		Mailing Address P.O. BOX 7784 WINTER HAVEN, FL 33883-1127 US	
2. Principal Place of Business 30 FOURTH STREET SW Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1847 Suite, Apt. #, etc.	
City & State WINTER HAVEN, FL		City & State WINTER HAVEN, FL	
Zip 33880	Country USA	Zip 33880	Country USA
6. Name and Address of Current Registered Agent HART, LOUISA WAY 2000 EXECUTIVE RD 5 1225 Havendale Blvd. WINTER HAVEN, FL 33884-1127 Apt 425 WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 30 FOURTH ST SW WINTER HAVEN City FL Zip Code 33880	
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. ADDRESS CHANGES ONLY	
DOCUMENT #	HART, LOUISA WAY	STREET ADDRESS	30 FOURTH STREET SW
NAME		CITY-ST-ZIP	WINTER HAVEN FL 33880
STREET ADDRESS	2000 EXECUTIVE RD 5		
CITY-ST-ZIP	WINTER HAVEN, FL 33884-1127		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Louisa W. Hart, GP, 863-295-4278
4/26/06

STAPLE CHECK HERE