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

## DOCUMENT # A95000000076 SECRETARY OF STATE DIVISION OF CORPORATIONS THE CTW FAMILY LIMITED PARTNERSHIP 06 MAR 17 AM 10: 22 Mailing Address Principal Place of Business 1150 REEF ROAD 1150 REEF ROAD SUITE A-10 SUITE A-10 VERO BEACH, FL. 32963 VERO BEACH, FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For <del>-65-0537469</del> 59-3277862 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLOSHEIM, J. HAROLD Street Address (P.O. Box Number is Not Acceptable) 1300 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 City 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 . 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 # STREET ADDRESS NAME WATSON, CHARLES T STREET ADDRESS 1150 REEF ROAD, A-10 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32963 600069069566 03/30/06--01067--003 \*\*500.00 DOCUMENT # STREET ADDRESS WATSON, PHYLLIS M STREET ADDRESS 1150 REEF ROAD, A-10 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32963 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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: \_\_\_\_\_\_\_

Charles T. Watson 3/14/06 7722315399