2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000000635

1. Entity Name
GENEVIEVE LYKES DIMMITT FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O STEVEN C. LEE, ESQ. 800 N. MAGNOLIA AVENUE, SUITE 1500 ORLANDO, FL 32803-3276	C/O STEVEN C. LEE, ESQ. P.O. BOX 2346 ORLANDO, FL 32802-2346

01232006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3364802
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVE. SUITE 1500
ORLANDO, FL 32803

DO NOT WRITE 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 _____ 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

DOCUMENT #	
NAME	DIMMITT, GENEVIEVE L TRUSTEE
STREET ADDRESS	25485 US HWY 19 N
CITY-ST-ZIP	CLEARWATER, FL 33763
DOCUMENT #	
NAME	DIMMITT, LAWRENCE H III
STREET ADDRESS	25485 US HWY 19 N
CITY-ST-ZIP	CLEARWATER, FL 33763
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000424136
02/18/06-80036-005 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: Lawrence Lykes Dimmitt LAWRENCE H. DIMMITT, III GENERAL PARTNER 1/30/06 727-791-1818
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #