


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000001060		
1. Entity Name NELSON AND AGNES OLAZABAL FAMILY PARTNERSHIP, LTD.		

Principal Place of Business % STEVEN WOOD 2400 SE FEDERAL HWY STUART FL 34994	Mailing Address P.O. BOX 3209 STUART FL 34995
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E003 (10/05)
4. FEI Number 65-0593008	Applied F. Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOOD, STEVEN J ESQ. 2400 SE FEDERAL HWY STUART FL 34994

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	U00000469709 03/27/06-80008-021 500.00 <small>DATE</small>
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FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State**

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 #	NAME	STREET ADDRESS	
NAME	OLAZABAL, NELSON	CITY-ST-ZIP	
STREET ADDRESS	8425 S.W. KANNER HIGHWAY		
CITY-ST-ZIP	INDIANTOWN FL 34956		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	OLAZABAL, AGNES	CITY-ST-ZIP	
STREET ADDRESS	8425 S.W. KANNER HIGHWAY		
CITY-ST-ZIP	INDIANTOWN FL 34956		
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STREET ADDRESS			
CITY-ST-ZIP			

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: <i>Agnes Olazabal</i> AGNES OLAZABAL	3-10-06 772-597-59
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>DATE</small>