


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

**FILED  
Mar 30, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A95000001474**

1. Entity Name  
COTTON FAMILY ASSOCIATES, LTD.



Principal Place of Business      Mailing Address  
3000 HARGETT LANE      3000 HARGETT LANE  
SAFETY HARBOR, FL 34695      SAFETY HARBOR, FL 34695

**DO NOT WRITE IN THIS SPACE**



03222006 No Chg-LP      CR2E003 (11/05)

4. FEI Number 59-3415547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COTTON, LARRY JOE  
3000 HARGETT LANE  
SAFETY HARBOR, FL 34695

**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 #	P94000092555
NAME	GATOR LAKE MOBILE HOME PARK INC
STREET ADDRESS	3000 HARGETT LANE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000014745001  
04/12/06 80043-024 500.00

**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: \_\_\_\_\_ DATE: 3-27-06      Daytime Phone #: 727-243-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER