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

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000001987

1. Entity Name
THE PLASKOVE FAMILY LIMITED PARTNERSHIP



Stury The State

06 FEB 20 AH 8:51

Principal Place of Business 10375 SAWPIT ROAD JACKSONVILLE, FL 32226 Mailing Address

908 N. LOXAHATCHEE DR. JUPITER, FL 33458



01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0629298

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

KELLEY, CRAIG I ESQUIRE 908 N. LOXAHATCHEE DR. JUPITER, FL 33458

NAME STREET ADDRESS CITY-ST-ZIP

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 Signature, typed or printed name of registered agent and title if applicable.		
Signature, typed or printed name or registered agent and true if applicable.		DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	0
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 #	P97000066492	
NAME	ANDOVER MANAGEMENT COMPANY, INC.	
STREET ADDRESS	10375 SAWPIT ROAD	i
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
DOCUMENT #		70006813437 02/28/0601025023 **550.00
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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 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 for the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: City 1. Celley, VP of GP Andover

2/2/06

561-491-1200