

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

DOCUMENT # A95000002005

1. Entity Name

CHARLES M. NOVOTA FAMILY LIMITED PARTNERSHIP



SECRET
DIVISION
06 FEB 24 AM 10:03

Principal Place of Business

203 SHALIMAR ST.
PANAMA CITY BEACH FL 32413

Mailing Address

P.O. DRAWER 9418
PANAMA CITY FL 32417



2. Principal Place of Business

220 Sundial Court

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Bch FL

City & State

Stuart FL

Zip

32413

Country

USA

Zip

Country

4. FEI Number

65-0661354

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOVOTA, CHARLES M
203 SHALIMAR ST
PANAMA CITY FL 32413

7. Name and Address of New Registered Agent

Name Charles M. NOVOTA

Street Address (P.O. Box Number is Not Acceptable)
4146 SE JIB Lane

City Stuart

FL

Zip Code 34997

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.

DATE

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

DOCUMENT #	NOVOTA, CHARLES M TRUSTEE
NAME	203 SHALIMAR ST
STREET ADDRESS	PANAMA CITY FL 32413
CITY-ST-ZIP	
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	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	4146 SE JIB Lane
CITY-ST-ZIP	Stuart FL 34997
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900067295879
CITY-ST-ZIP	03/07/06 01015 020 **500.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:

[Signature]

2-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE