

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000002081

1. Entity Name
PITTEN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
34 E. COURT ST.
MELBOURNE, FL 32904

Mailing Address
34 E. COURT ST.
MELBOURNE, FL 32904



01172006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3360459

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PITTEN, WILLIAM JR.
2375 BROOKSIDE WAY
INDIALANTIC, FL 32903

**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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

1103000479441

03/10/06 0003 025 500.00

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
 STREET ADDRESS
 CITY-ST-ZIP
PITTEN, WILLIAM JR.
2375 BROOKSIDE WAY
INDIALANTIC, FL 32903

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PITTEN, FREDERICK
846 MALIBU LANE
INDIALANTIC, FL 32903

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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/21/06

Date

321-722-4969

Daytime Phone #