

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

**FILED  
Jan 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # A96000000005</b> 1. Entity Name CRR FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 986 DOUGLAS AVE., STE. 100 ALTAMONTE SPRINGS, FL 32714	Mailing Address 986 DOUGLAS AVE., STE. 100 ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-LP	CR2E003 (11/05)
4. FEI Number 59-3447786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

STARK, CHARLES H  
 986 DOUGLAS AVE., STE. 100  
 ALTAMONTE SPRINGS, FL 32714

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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 #	P05000086562
NAME	CRR ALABAMA HOLDINGS, INC.
STREET ADDRESS	986 DOUGLAS AVE., STE. 100
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000393424  
01/25/06-80020-010 500.00

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SIMPLE FIELD 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:**  1/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #