

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -8 AM 10:43

DOCUMENT # A96000000012

1. Entity Name
PARTINGTON FAMILY LIMITED PARTNERSHIP NO. 2



Principal Place of Business
**525 SOUTH FLAGLER DRIVE, SUITE 22-F
 WEST PALM BEACH, FL 33401**

Mailing Address
**92 EDGERSTONE ROAD
 PRINCETON, NJ 08540**

2. Principal Place of Business
529 South Flagler Dr.

Suite, Apt. #, etc.
22-F

City & State
West Palm Beach - FL

Zip
33401

Country

3. Mailing Address
92 Edgerstone Road

Suite, Apt. #, etc.
8

City & State
Princeton NJ

Zip
08540

Country



01142006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0628457

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PARTINGTON PICKERING, SUSAN
 3012 EMBASSY DRIVE
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
Susan T. Pickering Gen Ptnr.

Street Address (P.O. Box Number is Not Acceptable)
525 South Flagler Dr.

City
West Palm Beach

FL Zip Code
33401

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 _____

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	PICKERING, SUSAN T	STREET ADDRESS	525 South Flagler Dr.
NAME	3012 EMBASSY DRIVE	CITY-ST-ZIP	West Palm Beach, FL 33401
STREET ADDRESS	WEST PALM BEACH, FL 33401		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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: *X Susan T. Pickering, General Partner* **January 31, 2006** **561-833-1763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE