

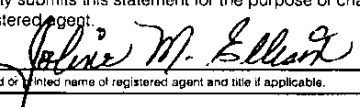
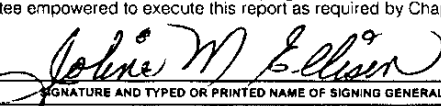


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A96000000168</b>					
<b>1. Entity Name</b> THE ELLISON FAMILY LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 2523 N.W. LAKEVIEW DR. SEBRING, FL 33870			<b>Mailing Address</b> 2523 N.W. LAKEVIEW DR. SEBRING, FL 33870		
<b>2. Principal Place of Business</b> 3061 LAKEVIEW DR. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3061 LAKEVIEW DR. Suite, Apt. #, etc.			
City & State SEBRING FL		City & State SEBRING FL		04092006 Chg-LP CR2E003 (11/05)	
Zip 33870		Zip 33870		4. FEI Number 65-0634150	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> ELLISON, JOLINE M 2523 N.W. LAKEVIEW DRIVE SEBRING, FL 33870			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 3061 LAKEVIEW DR. City SEBRING FL Zip Code 33870		
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 April 13, 2006		
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS	3061 LAKEVIEW DR.	
NAME	ELLISON, BERTRAM C		CITY-ST-ZIP	SEBRING, FL 33870	
STREET ADDRESS	2523 N.W. LAKEVIEW DR.		STREET ADDRESS	3061 LAKEVIEW DR.	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	SEBRING, FL 33870	
DOCUMENT #	NAME		STREET ADDRESS	3061 LAKEVIEW DR.	
NAME	ELLISON, JOLINE M		CITY-ST-ZIP	SEBRING, FL 33870	
STREET ADDRESS	2523 N.W. LAKEVIEW DR.		STREET ADDRESS	3061 LAKEVIEW DR.	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	SEBRING, FL 33870	
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DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			DATE: April 13, 2006 863-471-1339		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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