


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 10:03

DOCUMENT # A96000000238	
1. Entity Name THE ROBERT R. ROWE FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 5300 S.W. 91ST TERRACE, SUITE B GAINESVILLE FL 32608	Mailing Address 5300 S.W. 91ST TERRACE, SUITE B GAINESVILLE FL 32608
--	--

2. Principal Place of Business 142 Muirfield Drive Suite, Apt. #, etc.	3. Mailing Address 142 Muirfield Drive Suite, Apt. #, etc.
--	--

City & State Ponte Vedra Beach, FL	City & State Ponte Vedra Beach, FL
Zip 32082	Country USA

[Handwritten initials]



1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent ROWE, ROBERT R 5300 S.W. 91ST TERRACE, SUITE B GAINESVILLE FL 32608	7. Name and Address of New Registered Agent Name: Robert R. Rowe Street Address: 142 Muirfield Drive City: Ponte Vedra Beach FL Zip Code: 32082
--	--

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: Robert R. Rowe DATE: Feb. 23, 2006

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ROBERT R. ROWE, TRUSTEE	STREET ADDRESS	
NAME	5300 S.W. 91ST TERRACE, SUITE B	CITY-ST-ZIP	200068093292
STREET ADDRESS	GAINESVILLE FL 32608		03/20/06--01014--019 **\$500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: Robert R. Rowe DATE: Feb. 23, 2006 (904) 280-3024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE