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

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000000333

1. Entity Name

PEPIN FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
140 HAMMOCKS COURT WEST PALM BEACH FL 33413	140 HAMMOCKS COURT WEST PALM BEACH FL 33413
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E003 (10/05)

4. FEI Number 65-0642586 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEPIN, CAROL M
140 HAMMOCKS COURT
WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Carol M Pepin Carol M Pepin 1/31/06
Signature, typed or printed name of registered agent and title if applicable. DATE

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 #		STREET ADDRESS	
NAME	PEPIN, GEORGE E		
STREET ADDRESS	140 HAMMOCKS COURT	CITY-ST-ZIP	
CITY-ST-ZIP	WEST PALM BEACH FL 33413		
DOCUMENT #		STREET ADDRESS	U00000418929 02/14/06--01026--018 500.00
NAME	PEPIN, CAROL M		
STREET ADDRESS	140 HAMMOCKS COURT	CITY-ST-ZIP	
CITY-ST-ZIP	WEST PALM BEACH FL 33413		
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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: Carol M Pepin Carol M Pepin 1/31/06 561439 495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #