

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

**FILED**

06 JUN 22 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A96000000813</b>	
1. Entity Name <b>BARR-BONNER FAMILY LIMITED PARTNERSHIP</b>	



Principal Place of Business <b>16416 WINDSOR PARK DR. LUTZ, FL 33549</b>	Mailing Address <b>16416 WINDSOR PARK DR. LUTZ, FL 33549</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05012006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>65-0672964</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	
<b>BARR, K. JOHN 16416 WINDSOR PARK DR. LUTZ, FL 33549</b>	

<b>7. Name and Address of New Registered Agent</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000028496 BONNER-BARR CORPORATION 16416 WINDSOR PARK DR. LUTZ, FL 33549	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	04/19/06 - 01026-020-#33.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300077730853 07/19/06--01047--025 **475.00
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<i>President of Bonner Barr Corp.</i> <small>General Partner</small>	5/19/06 <small>Date</small>	813-949-8640 <small>Daytime Phone #</small>
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