



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

DOCUMENT # A96000000883	
1. Entity Name OSBORNE FAMILY LIMITED PARTNERSHIP	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 10:56

Principal Place of Business 12824 YACHT CLUB CIRCLE FT. MYERS FL 33919	Mailing Address 12824 YACHT CLUB CIRCLE FT. MYERS FL 33919
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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



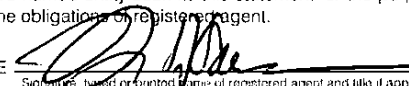
1st MOORE CR2E003 (10/05)

4. FEI Number 65-0680268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
OSBORNE, ROBERT H 12824 YACHT CLUB CIRCLE FT. MYERS FL. 33919	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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  ROBERT H. OSBORNE March 10 2006
DATE

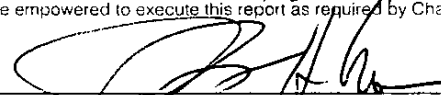
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	OSBORNE, ROBERT H	STREET ADDRESS	
NAME	12824 YACHT CLUB CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	FT. MYERS FL 33919		
CITY-ST-ZIP			
DOCUMENT #	OSBORNE, MAE	STREET ADDRESS	
NAME	12824 YACHT CLUB CIRCLE	CITY-ST-ZIP	700074753987
STREET ADDRESS	FT. MYERS FL 33919		05/17/06--01012--030 **500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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:  ROBERT H. OSBORNE 2/10/06 239-482-3968
DATE Daytime Phone #