
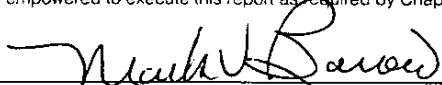


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

<b>DOCUMENT # A96000001023</b>					
1. Entity Name <b>THE BARROW FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>6419 LATCHSTRING COURT MELROSE FL 32666</b>			Mailing Address <b>6419 LATCHSTRING COURT MELROSE FL 32666</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3393398</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARROW, MARK V 6419 LATCHSTRING COURT MELROSE FL 32666</b>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.</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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	BARROW, MARK V TRUSTEE		CITY - ST - ZIP		
STREET ADDRESS	6419 LATCHSTRING COURT				
CITY - ST - ZIP	MELROSE FL 32666				
DOCUMENT #	NAME		STREET ADDRESS	100066806141	
NAME	BARROW, MARY B TRUSTEE		CITY - ST - ZIP	02/28/06--01022--028 **500.00	
STREET ADDRESS	6419 LATCHSTRING COURT				
CITY - ST - ZIP	MELROSE FL 32666				
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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:  2/9/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 FEB 20 AM 10:53



1st MOORE CR2E003 (10/05)

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