

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

<b>DOCUMENT # A96000001051</b> 1. Entity Name SLOAN FAMILY PARTNERSHIP, LTD.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  06 FEB 14 AM 11:18	
Principal Place of Business 13392 N.W. 11TH AVENUE OXFORD, FL 34484				Mailing Address 13392 N.W. 11TH AVENUE OXFORD, FL 34484			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  SLOAN, JAMES L 13392 N.W. 11TH AVENUE OXFORD, FL 34484				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 350 SE 69TH PLACE City Ocala FL Zip Code 34480			
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 \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</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>							
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>			
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP	350 S.E. 69TH PLACE	
						OCALA FL 34480	
						350 SE 69TH PLACE	
						OCALA FL 34480	
						600066799426	
						02/28/06 01016-024 **500.00	
						HOMAN, LYNNE	
						1515 INDIANA AVENUE	
						PALM HARBOR, FL 34683	
						HIGEL, LEE ANNE	
						5210 RIVER PARK VILLAS DRIVE	
						ST. AUGUSTINE, FL 32092	
						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: <u>James L. Sloan</u> <u>JAMES L. SLOAN</u> <u>2-7-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>							

**ORIGINAL**