


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

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A96000001276	
<b>1. Entity Name</b> THE ALFRED E. KAYWORTH FAMILY LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 3577 RED CLOUD TRAIL ST. AUGUSTINE, FL 32086	<b>Mailing Address</b> 3577 RED CLOUD TRAIL ST. AUGUSTINE, FL 32086
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**DO NOT WRITE IN THIS SPACE**



01242006 No Chg-LP

CR2E003 (11/05)

<b>4. FEI Number</b> 65-0692364	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  KAYWORTH, ALFRED E 2496 FAWN DRIVE LOXAHATCHEE, FL 33470
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**DO NOT WRITE IN THIS SPACE**

**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.

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>U000000404582</b> <b>02/07/06-89005-012 500.00</b> <small>DATE</small>
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<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>
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**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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	KAYWORTH, ALFRED E 2496 FAWN DRIVE LOXAHATCHEE, FL 33470
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	KAYWORTH, ANDREW E 3577 RED CLOUD TRAIL ST. AUGUSTINE, FL 32086
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**DO NOT WRITE IN THIS SPACE**

**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

<b>SIGNATURE:</b>  Andrew E. Kayworth 1/24/06 9001 889-8922	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</b>	<b>Date</b>	<b>Daytime Phone #</b>
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