

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

DOCUMENT # A96000001681

1. Entity Name  
FLOYD FAMILY LIMITED PARTNERSHIP



**FILED**

**06 MAY -1 AM 8:47**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
%CDL  
505 S FLAGLER DR #910  
WEST PALM BEACH, FL 33401

Mailing Address  
%CDL  
505 S FLAGLER DR #910  
WEST PALM BEACH, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006

Chg-LP

CR2E003 (11/05)

4. FEI Number  
65-0694661

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHOPIN, FRANK ESQ.  
1 NORTH CLEMATIS STREET  
SUITE 100  
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name **Jones Foster Service, LLC**  
Street Address (P.O. Box Number is Not Acceptable)

**505 S. Flagler Drive, Suite 1100**  
City **West Palm Beach** FL Zip Code **33401**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**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

P96000075020  
FLOYD INVESTMENT CORP.  
106 NORTH FLAGLER PROMENADE  
W. PALM BEACH, FL 33405

STREET ADDRESS  
CITY - ST - ZIP

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**700075023167**  
**05/22/06--01027--026 \*\*500.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE