


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

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001926</b>					
1. Entity Name <b>SNYDER FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>4390 S.W. THISTLE TERRACE PALM CITY FL 34990</b>			Mailing Address <b>4390 S.W. THISTLE TERRACE PALM CITY FL 34990</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent  <b>SNYDER, RICHARD H 4390 S.W. THISTLE TERRACE PALM CITY FL 34990</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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>					



1st MOORE CR2E003 (10/05)

4. FEI Number **65-0691868** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**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 #	PASKO, PATRICIA J	STREET ADDRESS	
NAME	6594 S TWP RD 17	CITY-ST-ZIP	000000554900
STREET ADDRESS	TIFFIN OH 44883		05/16/06-80012-008 500.00
CITY-ST-ZIP			
DOCUMENT #	SNYDER, RICHARD H	STREET ADDRESS	
NAME	4390 S.W. THISTLE TERRACE	CITY-ST-ZIP	
STREET ADDRESS	PALM CITY FL 34990		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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: Richard H. Snyder, Gen'l Partner 4/27/06 772-286-9319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Usings phone #