
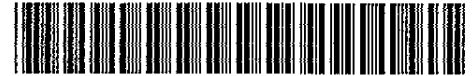


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001956</b>			
1. Entity Name <b>S.D. AND IDA AVERETT FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>1758 CLAREDON AVENUE LAKELAND FL 33803</b>		Mailing Address <b>1758 CLAREDON AVENUE LAKELAND FL 33803</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/05)

4. FEI Number **59-3410392** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent <b>LANGSTON, SCOTT H 117 SOUTH FLORIDA AVENUE LAKELAND FL 33801</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 #		STREET ADDRESS	
NAME	<b>AVERETT, SANFORD D JR</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>1758 CLAREDON AVENUE</b>		
CITY - ST - ZIP	<b>LAKELAND FL 33803</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>AVERETT, IDA M</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>1758 CLAREDON AVENUE</b>		
CITY - ST - ZIP	<b>LAKELAND FL 33803</b>		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

**U00000395929**  
**01/27/06 00013-001 500.00**

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:** *Ida M. Averett* **1-19-06 863-686-82**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #