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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## Jan 17, 2006 08:00 AM Secretary of State **DOCUMENT #A96000001975** 1. Entity Name THE INK FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1625 SILVERWOOD COURT 1625 SILVERWOOD COURT NORTH FT. MYERS, FL 33903 NORTH FT. MYERS, FL 33903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For 65-0689257 Not Applicable Country Zip Country ΖD \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent INK, STANLEY K Street Address (P.O. Box Number is Not Acceptable) 1625 SILVERWOOD COURT NORTH FT. MYERS, FL 33903 City Zip Code FL 4. 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, typed or printed name of registered agent and trie if applicable. DATE FILE NOWILL FEE 18 \$300.00 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME INK, STANLEY K STREET ADDRESS 1625 SILVERWOOD COURT 1100000388790 CITY-ST-7P /20/06-80019-022 500.00 CITY-ST-ZP NORTH FT. MYERS, FL 33903 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 001Y-57-7P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CATY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADORESS CITY-51-7/P CTTY-ST-ZIP DOCUMENT# STAPLE CHECK STREET ADDRESS NAME STREET ADDRESS CATY-ST-ZP CULTA-21-51-51b OCCUMENT # STREET ADORESS NATE STREET ADDRESS CITY-ST-7P CTTY-ST-2IP 14. It hereby certify that the information supplied with this filling 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 Pariner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**FILED**