

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:50

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A96000002008

1. Entity Name
THE HARRIS FAMILY LIMITED PARTNERSHIP



Principal Place of Business **268 VENTURA Circle** Mailing Address
~~243 VAUGHN STREET, N.W.~~ **P.O. Box 2883**
FORT WALTON BEACH, FL 32548 **FORT WALTON BEACH, FL 32549**



2. Principal Place of Business

268 VENTURA CIR
 Suite, Apt. #, etc.

3. Mailing Address

change to -
P.O. Box 2883

02062006 Chg-LP CR2E003 (11/05)

City & State

FT WALTON BEACH, FL

City & State

FT WALTON BEACH, FL

4. FEI Number

59-3408057

Applied For

Not Applicable

Zip

32548

Country

Zip

32549

Country

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

6. Name and Address of Current Registered Agent

HARRIS, CYRUS W SR

~~243 VAUGHN STREET, N.W.~~ **P.O. Box 2883**
FORT WALTON BEACH, FL 32548 32549

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

DOCUMENT #
 NAME **HARRIS, CYRUS W SR**
 STREET ADDRESS ~~243 VAUGHN STREET, N.W.~~ **268 VENTURA Circle**
 CITY-ST-ZIP **P.O. Box 2883**
FORT WALTON BEACH, FL 32548 32549

13. ADDRESS CHANGES ONLY

STREET ADDRESS **P.O. Box 2883 268 VENTURA Circle**
 CITY-ST-ZIP **FT WALTON BEACH, FL 32549**

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STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-6-06 850-862-8766

STAPLE CHECK HERE