

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000002013

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Entity Name:** THE F. ALAN SMITH FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

674 FRANKLYN AVENUE  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

674 FRANKLYN AVENUE  
INDIALANTIC, FL 32903

**New Mailing Address:**

FEI Number: 65-0707472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, F. ALAN  
674 FRANKLYN AVENUE  
INDIALANTIC, FL 32903 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SMITH, F. ALAN  
Address: 674 FRANKLYN AVENUE  
City-St-Zip: INDIALANTIC, FL 32903

Document #:

Name: SMITH, CHRISTOPHER A  
Address: 674 FRANKLYN AVENUE  
City-St-Zip: INDIALANTIC, FL 32903

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: F. ALAN SMITH

\_\_\_\_\_ Electronic Signature of Signing General Partner

04/20/2006

\_\_\_\_\_ Date