


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

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000002158**

1. Entity Name  
**SANSING FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**4875 MANOLETE ST.  
 PENSACOLA, FL 32504**

Mailing Address  
**4875 MANOLETE ST.  
 PENSACOLA, FL 32504**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02032006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**59-3418211**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SANSING, ROBERT C  
 4875 MANOLETE ST.  
 PENSACOLA, FL 32504**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>SANSING, ROBERT C</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4875 MANOLETE ST.</b>		
CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>SANSING, PEGGY L</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4875 MANOLETE ST.</b>		
CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>		
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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: Robert C. Sansing Robert C. Sansing / 215-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER