## 2006/LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 DOCUMENT # A96000002276 1. Entity Name SAUNDERS FAMILY LIMITED PARTNERSHIP, LLLP Mailing Address Principal Place of Business 100 S. WASHINGTON BLVD. 100 S. WASHINGTON BLVD. SARASOTA, FL 34236 SARASOTA, FL 34236 DO NOT WRITE IN THIS SPACE

**FILED** Apr 25, 2006 08:00 AN Secretary of State



04122006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0715733

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Daytime Phohe #

6. Name and Address of Current Registered Agent

REES, PAULA 100 S. WASHINGTON BLVD. SARASOTA, FL 34236

STAPLE CHECK HERE

**SIGNATURE** 

## DO NOT WRITE IN THIS SPACE

|   |   | .   |   |                        |                                  |                                       |                |                                    |
|---|---|---|---|------------------------|----------------------------------|---------------------------------------|----------------|------------------------------------|
|   | named entity submits this statement for the purpose of changing its regions of registered agent.  | istered office of                               | or registered a                               | gent, or bo            | th, in the Stat                  | e of Florida. I ar                    | n familiar w   | ith, and accept                    |
| SIGNATURE -                                   |   | · ·-  | <u> </u>                                      | · · · · ·              |                                  | DATE                                  | <del></del> -  | <u> </u>                           |
|   | Signature, typed or printed name of registered agent and title if applicable.   | NEW TA .  | н   | <del> </del>           | <del></del>                      | · LAGE                                | ·              | <u></u>                            |
|   | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2006, Fee will be \$900.0   | 0   |   |                        |                                  |                                       |                |                                    |
|   | A GENERAL PARTNER THAT IS A BUSINESS ENTIT<br>NOTE: General Partners MAY NOT be changed on the  |   |   |                        |                                  |                                       |                |                                    |
| 12.   | GENERAL PARTNER INFORMATION   |   |   |                        |                                  |                                       |                |                                    |
| DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP | L03000001606 SAUNDERS FAMILY ASSET MANAGEMENT, LLC 100 S. WASHINGTON BOULEVARD SARASOTA, FL 34236   |   |   |                        | يس پاس و ا                       |                                       |                |                                    |
| DOCUMENT /                                    | 0,10,001,712,0,000  |   | ,   |                        | DE VOC                           | 100053303<br>106-80105                | 4<br>.000 E    | ሰስ ሰስ                              |
| NAME  |   |   |   |                        | UD/UD/                           | 00-00103                              | רטבב ס         | սո.ա                               |
| STREET ADDRESS                                |   |   |   |                        |                                  |                                       |                |                                    |
| CITY-ST-ZIP                                   |   |   |   |                        |                                  |                                       |                |                                    |
| DOCUMENT #                                    |   |   |   |                        |                                  |                                       |                |                                    |
| NAME  |   |   |   | n                      | NOT                              | 14/2017                               |                |                                    |
| STREET ADDRESS                                |   |   |   | DO                     | NUI                              | WRITI                                 |                |                                    |
| C/TY-ST-Z/P                                   |   |   |   | INI T                  | 'LIIC                            | SPACE                                 |                |                                    |
| OCCUMENT #                                    |   |   |   | 11.4 1                 | IIIO ,                           | SPACE                                 |                |                                    |
| NAME  |   |   |   |                        |                                  |                                       |                |                                    |
| STREET ADDRESS CITY-ST-ZIP                    |   |   |   |                        |                                  |                                       |                |                                    |
| DOCUMENT #                                    |   |   |   |                        |                                  |                                       |                |                                    |
| NAME  |   |   |   |                        |                                  |                                       |                |                                    |
| STREET ADDRESS                                |   |   |   |                        |                                  |                                       |                |                                    |
| CITY-ST-ZIP                                   |   |   |   |                        |                                  |                                       |                |                                    |
| DOCUMENT #                                    |   |   |   |                        |                                  |                                       |                |                                    |
| NAME  |   |   |   |                        |                                  |                                       |                |                                    |
| STREET ADDRESS                                |   |   |   |                        |                                  |                                       |                |                                    |
| CITY-ST-ZIP                                   |   |   |   |                        |                                  | · · · · · · · · · · · · · · · · · · · |                |                                    |
| 14. I hereby indicated or the rec             | certify that the information supplied with this filling does not quality for to this report is true and accurate and that my signature shall have the ceiver of trustee empowered to execute this report as required by Chapt | the exemptions<br>same legal effer 620, Florida | s contained in<br>lect as if made<br>Statutes | Chapter 1<br>under oat | 19, Florida St<br>h, that I am a | atutes, i further<br>a General Parine | certify that i | the information<br>ted partnership |