2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Feb 24, 2006 08:00 AM Secretary of State

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1. Entity Name

JAMES H. TAYLOR FAMILY PARTNERSHIP, LTD.



Principal Place of Business

56 BLUE MOUNTAIN ROAD #8105 SANTA ROSA BEACH, FL 32459 Mailing Address

P.O. BOX 1257

DE FUNIAK SPRINGS, FL 32435



DO NOT WRITE IN THIS SPACE

CR2E003 (11/05)

4. FEI Number 59-3419181 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

TAYLOR, JAMES H 56 BLUE MOUNTAIN ROAD SUITE B105 SANTA ROSA BEACH, FL 32459

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	a named entity submits this statement for the purpose of changing its reticns of registered agent	egistered office or registered agent, or both, in the State of Florida. I am femiliar with, and accep
SIGNATURE	Signature, typed or primed name of registered agent and title if applicable,	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.	00
		TTY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. o form; an amendment must be filed to change a general partner.
12. OGCUMENT # NAME STREET ADDRESS CITY-ST-ZIP OGCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	Unii0000444896 03707/06~80021~011° 500.00
OGCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME		DO NOT WRITE IN THIS SPACE

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 eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered appearance this report as required by Chapter \$20, Florida Statutes

SIGNATURE:

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STAPLE CHECK

CITY-ST-ZIP DOCUMENT #

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