

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A96000002491

1. Entity Name
PINSON FAMILY PARTNERSHIP, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:15

Principal Place of Business
**523 CRESAP STREET, APT. #2
 LAKE LAND, FL 33813**

Mailing Address
**P.O. BOX 6272
 LAKE LAND, FL 33807-6272 US**

2. Principal Place of Business
902 South Florida Ave

Suite, Apt. #, etc.
101

City & State
Lakeland, FL

Zip
33803

Country
USA

3. Mailing Address
902 South Florida Ave

Suite, Apt. #, etc.
101

City & State
Lakeland, FL

Zip
33803

Country
USA



01092006 Chg-LP CR2E003 (11/05)

4. FEI Number
59-3410267

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DANIEL MEDINA, P.A.
 902 SOUTH FLORIDA AVENUE
 SUITE 101
 LAKE LAND, FL 33803**

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 title 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	601 Bayshore Blvd Ste 830
NAME	PINSON, PENELOPE K	CITY-ST-ZIP	Tampa FL 33601
STREET ADDRESS	523 CRESAP ST., APT. 2		
CITY-ST-ZIP	LAKE LAND, FL 33803		
DOCUMENT #	G02183900224	STREET ADDRESS	601 Bayshore Blvd Ste 830
NAME	PENELOPE K. PINSON GRNTR RET ANNUITY TRUST	CITY-ST-ZIP	Tampa FL 33601
STREET ADDRESS	523 CRESAP ST., APT. 2		
CITY-ST-ZIP	LAKE LAND, FL 33803		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600072374766
NAME		CITY-ST-ZIP	04/27/06--01034--023 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: *Penelope K. Pinson* 3/22/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #