

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY 19 AM 9:38

DOCUMENT # A96000002524
 1. Entity Name
 DALE A. DEWITT FAMILY PARTNERSHIP, LTD.



Principal Place of Business
 14463 W. COLONIAL DR.
 WINTER GARDEN, FL 34787

Mailing Address
 14463 W. COLONIAL DR.
 WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE



04192006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3435240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEVERNS, ANN L
 14463 W. COLONIAL DR.
 WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DEWITT, DALE A 14463 W. COLONIAL DR. WINTER GARDEN, FL 34787
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SEVERNS, ANN L 14463 W COLONIAL DR WINTER GARDEN, FL 34787
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

400075556304
 05/31/06--01030--003 **1050.00

DO NOT WRITE IN THIS SPACE

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: _____ DATE: 4/26/06 DAYTIME PHONE: 407-656-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER