


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000204
 1. Entity Name
ANTUN FAMILY PARTNERS, LTD.



Principal Place of Business Mailing Address
3057 VIA NAPOLI **3057 VIA NAPOLI**
DEERFIELD BEACH, FL 33442 **DEERFIELD BEACH, FL 33442**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0744058	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
BRADEN, LISA
4823 FOREST HILL BLVD.
WEST PALM BEACH, FL 33415

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 **03/08/06-80032-001 500.00**

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	REDNOR, JOAN TRUSTEE
STREET ADDRESS	3057 VIA NAPOLI
CITY-ST- ZIP	DEERFIELD BEACH, FL 33442
DOCUMENT #	
NAME	REDNOR, JOAN
STREET ADDRESS	3057 VIA NAPOLI
CITY-ST- ZIP	DEERFIELD BEACH, FL 33442
DOCUMENT #	
NAME	REDNOR, CHARLES
STREET ADDRESS	3057 VIA NAPOLI
CITY-ST- ZIP	DEERFIELD BEACH, FL 33442
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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: Joan Rednor Date 2/20/06 Daytime Phone # 954-481-2538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

JOAN REDNOR