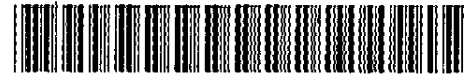


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000422</b>		
1. Entity Name <b>THE WUISMAN FAMILY LIMITED PARTNERSHIP</b>		

Principal Place of Business <b>1805 OAK DRIVE ROCKLEDGE FL 32955</b>	Mailing Address <b>1805 OAK DRIVE ROCKLEDGE FL 32955</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **59-1904264** ☐ Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  <b>WUISMAN, MARTIN 1805 OAK DRIVE NORTH ROCKLEDGE FL 32955</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	<b>U000000500924</b>
NAME	<b>WUISMAN, MARTIN</b>	CITY-ST-ZIP	<b>04/25/06-80041-006 500.00</b>
STREET ADDRESS	<b>1805 OAK DRIVE NORTH</b>		
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>WUISMAN, MAAIKE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1805 OAK DRIVE NORTH</b>		
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Martin Wuisman **MARTIN WUISMAN** **4-5-06** **321-638-0049**