

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

<b>DOCUMENT # A97000000547</b>					
<b>1. Entity Name</b> GRESHAM FAMILY PARTNERS, LTD.					
<b>Principal Place of Business</b> 1629 N.W. 24TH STREET GAINESVILLE, FL 32605			<b>Mailing Address</b> 1629 N.W. 24TH STREET GAINESVILLE, FL 32605		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02092006    Chg-LP    CR2E003 (11/05)	
<b>4. FEI Number</b> 59-3456542				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  GRESHAM, WILLIAM MARVIN 1629 N.W. 24TH STREET GAINESVILLE, FL 32605			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL _____ Zip Code _____		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS	1100000444904 02/07/06-80021-016 500.00	
NAME	WILLIAM MARVIN GRESHAM, TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	1629 N.W. 24TH STREET		CITY-ST-ZIP		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	PEGGY WRAY GRESHAM, TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	1629 N.W. 24TH STREET		CITY-ST-ZIP		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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</b>					
<b>SIGNATURE:</b> <i>William Marvin Gresham</i>			2/27/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		

STAPLE CHECK HERE