

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000809

1. Entity Name
**THE JOHN FOSTER AND ELIZABETH G. MARTIN FAMILY
LIMITED PARTNERSHIP**



Principal Place of Business
**109 CEDAR POINT LANE
LONGWOOD, FL 32779**

Mailing Address
**109 CEDAR POINT LANE
LONGWOOD, FL 32779**



03032006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3446032

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARTIN, SHERI E
109 CEDAR POINT LANE
LONGWOOD, FL 32779**

**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

Signature, typed or printed name of registered agent and title if applicable.

11110000464828
1137227016-800111-012 500.00
DATE

**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
**J.F. MARTIN LLC
109 CEDAR POINT LANE
LONGWOOD, FL 32779**

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IN THIS SPACE**

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: *Elizabeth G. Martin - Elizabeth G. Martin* 3/9/06 407-869-9129