



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 10:34

DOCUMENT # A97000000904 1. Entity Name DOXEY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 121 S. PALAFOX PLACE SUITE C PENSACOLA, FL 32501			Mailing Address 121 S. PALAFOX PLACE SUITE C PENSACOLA, FL 32501		
2. Principal Place of Business 4565 Pilgram Trail		3. Mailing Address 900 N. 12th Ave			
Suite, Apt. #, etc. Pensacola FL		Suite, Apt. #, etc. Pensacola FL			
City & State Pensacola FL		City & State Pensacola FL		03162006 Chg-LP CR2E003 (11/05)	
Zip 32577		Country ESCAMBIA		4. FEI Number 59-3440372	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DOXEY, NORMA JEAN 4565 PILGRAM TRAIL MOLINO, FL 32577				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DOXEY, NORMA JEAN		CITY-ST-ZIP		
STREET ADDRESS	4565 PILGRAM TRAIL				
CITY-ST-ZIP	MOLINO, FL 32577				
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CITY-ST-ZIP					
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: <u>Norma J. Doxey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <u>4/7/2006</u> Daytime Phone # _____		

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