

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR -7 AM 10:16

<b>DOCUMENT # A97000000944</b> 1. Entity Name THE STEBBINS FAMILY LIMITED PARTNERSHIP I					
Principal Place of Business 3300 SATURN ROAD BROOKSVILLE, FL 34609			Mailing Address 3300 SATURN ROAD BROOKSVILLE, FL 34609		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip <b>34604</b>	Country <b>NEVADA</b>	Zip <b>34604</b>	Country <b>NEVADA</b>	4. FEI Number <b>59-3428945</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEBBINS, EARL E 3300 SATURN ROAD BROOKSVILLE, FL 34609 <b>34604</b>				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>					
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	STEBBINS, GAVIN MITCHELL		CITY-ST-ZIP		
STREET ADDRESS	22441 POWELL ROAD		<b>000071645690</b> <b>04/24/06--01070--005 **500.00</b>		
CITY-ST-ZIP	BROOKSVILLE, FL 34602				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	STEBBINS SCHUELER, SHANNON MARGRI		CITY-ST-ZIP		
STREET ADDRESS	19415 KING JAMES PARKWAY				
CITY-ST-ZIP	LEXINGTON PARK, MD 20653				
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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>Earl E. Stebbins</u>			Date: <u>MAR 23, 2006</u>		Daytime Phone #: <u>352 796 6419</u>

STAPLE CHECK HERE