

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 10:37

DOCUMENT # A97000000958

1. Entity Name
 DONOVAN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 223 EAST GOVERNMENT STREET
 PENSACOLA, FL 32501

Mailing Address
 223 EAST GOVERNMENT STREET
 PENSACOLA, FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 32502

Country

Zip 32502

Country

03082006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-3436229

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONOVAN, JOHN C
 223 EAST GOVERNMENT STREET
 PENSACOLA, FL 32501 2

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code 32502

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.

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 # P99000030166
 NAME DONOVAN FAMILY MANAGEMENT, INC.
 STREET ADDRESS 2131 BANQUOS TRAIL
 CITY-ST-ZIP PENSACOLA, FL 32503

13. ADDRESS CHANGES ONLY

STREET ADDRESS 223 E. Government St.
 CITY-ST-ZIP Pensacola, FL 32502

STREET ADDRESS
 CITY-ST-ZIP 200069928692
 04/10/06--01027--001 **\$00.00

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STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/16/06 850-432-6104

STAPLE CHECK HERE