


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A97000001221 1. Entity Name SPAUDE FAMILY PARTNERSHIP, LTD.	
--	---

SECRETARY OF STATE
CLERK
06 FEB -8 AM 9:59

Principal Place of Business 13023 FARMINGTON TRAIL SEMINOLE FL 33776	Mailing Address 13023 FARMINGTON TRAIL SEMINOLE FL 33776
--	--



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

[Handwritten signature]

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent SPAUDE, W C 13023 FARMINGTON TRAIL SEMINOLE FL 33776	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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	700086126607
	SPAUDE, TOD A		02/17/06 01013 005 **\$500.00
	STREET ADDRESS	CITY-ST-ZIP	
	614 SOUTH ROLAND STREET		
	CITY-ST-ZIP		
	BUSHNELL FL 33513		
DOCUMENT #	NAME	STREET ADDRESS	54 Kidds Way
	HAMBLY, AMY SPAUDE		Stonington, Ct 06378
	STREET ADDRESS	CITY-ST-ZIP	
	72 WESTMINSTER STREET		
	CITY-ST-ZIP		
	WESTERLY RI 02891-2734		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	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: *Tod A SpauDe* - **Tod A SPAUDE** 1-26-06 352-793-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE