

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

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001781**  
 1. Entity Name  
**MORAR FAMILY LIMITED PARTNERSHIP**



<i>Principal Place of Business</i> 2706 ORLANDO DRIVE SANFORD, FL 32773-5312	<i>Mailing Address</i> 2706 ORLANDO DRIVE SANFORD, FL 32773-5312
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**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-LP      CR2E003 (11/05)

4. FEI Number 59-3468922	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANE, STEVEN H ESQ.  
 1061 MAITLAND CENTER COMMONS, STE. 106  
 MAITLAND, FL 32751

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and true if applicable

**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 #	P97000063296
NAME	BSM PROPERTIES, INC.
STREET ADDRESS	2706 ORLANDO DRIVE
CITY-ST- ZIP	SANFORD, FL 327735312
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

000000699021  
 01/31/06-80023-001 500.00

**DO NOT WRITE 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: *Gordon McMoran*      1/17/2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Distance Phone #