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

## FILED Apr 24, 2006 08:00 All Secretary of State

Due By May 1, 2006				Apr 24, 2006 08:00 A		
DOCUMENT # A9700001974				Secre	etary of State	
1. Entity Name MARKHAM FAMILY LIMITED PARTNERSHIP						
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Principal Plac	te of Business	Mailing Address		-		
10231 W. SAMPLE ROAD 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 330						
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-		man and a second se	and a secondary and	4. FEI Number 65-0785202	Applied For Not Applicable	
				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of 0	Current Registered Agent				
SMITH, JOHN A			**************************************	DO NOT WR	7,2	
10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065			-			
				IN THIS SPA	CE	
				······································		
	e named entity submits this state tions of registered agent.	rment for the purpose of changing its re	gistered office of registe	red agent, or both, in the State of Florida	t. I am familiar with, and accept	
SIGNATURE			3		DATE	
<del></del>	Signature, typed or printed name of registe	E NOWILL FEE IS \$500.00	11		DATE	
 	After Ma	ıy 1, 2006, Fee will be \$900.	<del></del>			
	A GENERAL PART NOTE: General Partn	NER THAT IS A BUSINESS ENT ers MAY NOT be changed on the	TY MUST BE REGIS form; an amendmen	TERED AND ACTIVE WITH THIS ( nt must be filed to change a gene	OFFICE. ral partner.	
12.	GENERAL P	ARTNER INFORMATION	aggradus strans of s			
DOCUMENT # NAME	MARKHAM, SHARON R					
STREET ADDRESS	58 CAYUGA ROAD				-	
CITY-ST-ZIP	SEA RANCH LAKES, FL	33308	men - man san in	U000000	531801	
DOCUMENT #				05/06/06-6	30058-011 500.00	
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DOCUMENT / NAME	}				TOTAL STREET	

14. I hereby certify that the information supplied with this filling 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: 💹

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Sharon R. Markham

Date

954-796-8560

Daytime Phone #