


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY -1 AM 10:46

DOCUMENT # A97000002073

1. Entity Name
 INMAN FAMILY PARTNERSHIP, LTD.



Principal Place of Business
 1209 EDGEWATER DR
~~SUITE 101~~
 ORLANDO, FL 32804


Mailing Address
 1209 EDGEWATER DR
~~SUITE 101~~
 ORLANDO, FL 32804

2. Principal Place of Business
 Suite, Apt. #, etc.
SUITE 101

3. Mailing Address
 Suite, Apt. #, etc.
SUITE 101

City & State
 City & State

Zip Country Zip Country



04182006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent

BISSINGER, STEVEN G
 1209 EDGEWATER DR
 SUITE 101
 ORLANDO, FL 32804

4. FEI Number
59-3469415

Applied For
 Not Applicable

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

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.

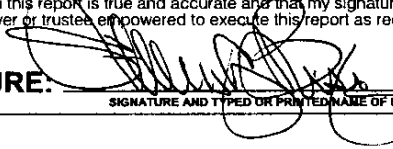
FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000079548	STREET ADDRESS	
NAME	INMAN HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1209 EDGEWATER DR, SUITE 101		
CITY-ST-ZIP	ORLANDO, FL 32804		
DOCUMENT #		STREET ADDRESS	900074755869
NAME		CITY-ST-ZIP	05/17/06--01017--029 **\$50.00
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  **STEVEN G. BISSINGER, PRES** 4/2/06 407 422 5831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

INMAN HOLDINGS