


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002088 1. Entity Name R.L. PALMER FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 548 N. HILLSBORO AVENUE ARCADIA, FL 34266	Mailing Address PO BOX 202 ARCADIA, FL 34265-0202
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DO NOT WRITE IN THIS SPACE



02232006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0779017	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 PALMER, SHARON E 548 N HILLSBORO AVENUE ARCADIA, FL 34266
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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 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	
DOCUMENT #	
NAME	PALMER, ROBERT LANCE
STREET ADDRESS	548 N. HILLSBORO AVENUE
CITY-ST-ZIP	ARCADIA, FL 34266
DOCUMENT #	
NAME	PALMER, SHARON E
STREET ADDRESS	548 N. HILLSBORO AVENUE
CITY-ST-ZIP	ARCADIA, FL 34266
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>U00000531733 05/06/06-80055-017 500.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <i>Sharon E Palmer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<i>4/21/06 813494-5688</i> <small>Date Daytime Phone #</small>