


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

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002149	
1. Entity Name DUKE FAMILY RANCH LIMITED PARTNERSHIP	

Principal Place of Business ATTN: MRS. JOANNE H. DUKE 11050 OLD TAMPA ROAD PARRISH FL 34219	Mailing Address ATTN: MRS. JOANNE H. DUKE 11050 OLD TAMPA ROAD PARRISH FL 34219
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 65-0786567	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PORGES, GREGORY J C/O /PORGES/HAMLIN/KNOWLES 1205 MANATEE AVENUE WEST BRADENTON FL 34205
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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 #		STREET ADDRESS	U00000415923
NAME	DUKE, JOANNE H	CITY-ST-ZIP	02/11/06-80102-010 500.00
STREET ADDRESS	11050 OLD TAMPA RD.		
CITY-ST-ZIP	PARRISH FL 34219		
DOCUMENT #		STREET ADDRESS	
NAME	DUKE, JOSEPH E JR.	CITY-ST-ZIP	
STREET ADDRESS	4807 1ST AVENUE DRIVE NW		
CITY-ST-ZIP	BRADENTON FL 34209		
DOCUMENT #		STREET ADDRESS	
NAME	CHESTON, LAURA GRACE	CITY-ST-ZIP	
STREET ADDRESS	105 LUDGATE COURT		
CITY-ST-ZIP	MORRISVILLE NC 27560		
DOCUMENT #		STREET ADDRESS	
NAME	DUKE, SUSAN DIANE	CITY-ST-ZIP	
STREET ADDRESS	4703 KIN ROSS COURT		
CITY-ST-ZIP	VALRICO FL 33594		
DOCUMENT #		STREET ADDRESS	
NAME	MORRISON, DONNA ELIZABETH	CITY-ST-ZIP	
STREET ADDRESS	4407 WATROUS AVENUE		
CITY-ST-ZIP	TAMPA FL 33629		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: *Joanne H Duke* **1/27/06** **941 776 2552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE