


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

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002168					
1. Entity Name PEEBLES FAMILY LIMITED PARTNERSHIP					
Principal Place of Business P.O. BOX 38 WILDWOOD FL 34785			Mailing Address P.O. BOX 38 WILDWOOD FL 34785		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FET Number 59-3471888	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PEEBLES, J. WILLARD 322 SHOPPING CENTER DRIVE WILDWOOD FL 34785				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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>					



1st MOORE CR2E003 (10/05)

\$8.75 Additional Fee Required

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 #	PEEBLES, J. WILLARD TRUSTEE 322 SHOPPING CENTER DR WILDWOOD FL 34785	STREET ADDRESS	100000435823
NAME		CITY - ST - ZIP	02/27/06-80014-009 500.00
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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:  _____
Signature and typed or printed name of signing general partner

Date _____ Daytime Phone # _____