

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

DOCUMENT # A97000002412

1. Entity Name

THE KELLEY FAMILY LIMITED PARTNERSHIP



SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -2 AM 10:34

Principal Place of Business:

3082 SHOAL CREEK
LAKELAND FL 33813

Mailing Address:

3082 SHOAL CREEK
LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3477017

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, E.E. III
3082 SHOAL CREEK
LAKELAND FL 33813

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	100005567461 02/15/06-01006-018 **508.75
DOCUMENT #	CRENSHAW, DENISE K 5020 TERRY LANE LAKELAND FL 33813	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	CRENSHAW, WILLIAM E 5020 TERRY LANE LAKELAND FL 33813	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #		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

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #