

**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

SECRETARY OF STATE
DIVISION OF CORPORATE & STATE AFFAIRS
06 FEB 14 AM 11:18

DOCUMENT # A98000000068 1. Entity Name VAN WINKLE FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 620 N.W. 16TH AVENUE GAINESVILLE, FL 32601	Mailing Address 620 N.W. 16TH AVENUE GAINESVILLE, FL 32601
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2. Principal Place of Business <i>5931 NW 1st Place</i> Suite, Apt. #, etc.	3. Mailing Address <i>5931 NW 1st Place</i> Suite, Apt. #, etc.
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City & State <i>GAINESVILLE, FL</i> Zip <i>32607-2063</i>	Country <i>USA</i>	City & State <i>GAINESVILLE, FL</i> Zip <i>32607-2063</i>	Country <i>USA</i>
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01092006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3473068	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN WINKLE, HELEN R
 620 N.W. 16TH AVENUE
 GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name
ARLENE SHERROD
 Street Address (P.O. Box Number is Not Acceptable)
5931 NW 1ST PLACE
 City *GAINESVILLE* FL Zip Code *32607*

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 *Arlene Sherrod* 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 #	G98002900002
NAME	HELEN R. VAN WINKLE REVOCABLE TRUST
STREET ADDRESS	620 N.W. 16TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32601
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>5931 NW 1ST PLACE</i>
CITY-ST-ZIP	<i>GAINESVILLE, FL 32607</i>
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

500065702745
02/13/06--01026--012 **500.00

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: *Arlene Sherrod* Date *2-08-06* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER