


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 6, 2006**

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000000114	
1. Entity Name SANTIAGO FAMILY PARTNERSHIP, LTD.	

Principal Place of Business 1327 DUVAL ST. KEY WEST FL 33040	Mailing Address 1327 DUVAL ST. KEY WEST FL 33040
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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

2nd MOORE	CR2E003 (4/06)
4. FEI Number 65-0847074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANTIAGO, RAMONA 1327 DUVAL ST. KEY WEST FL 33040	
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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.	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00. <input type="checkbox"/>
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____

File Now!!! Fee is \$900.00 Due By September 6, 2006

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 #	P96000083560	STREET ADDRESS	
NAME	SANTIAGO FAMILY CORPORATION	CITY - ST - ZIP	000000573310 08/04/06-80001-016 900.00
STREET ADDRESS	407 SOUTH STREET	STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL 33040	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: <i>Ramona Santiago</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date: <i>07/01/06</i> Daytime Phone: <i>1-305 343-3812</i>

STAPLE CHECK HERE