


2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

DOCUMENT # A98000000391		
1. Entity Name THE PITTS FAMILY PARTNERSHIP, LTD.		

Principal Place of Business 7390 N.W. 43RD STREET MIAMI, FL 33166	Mailing Address P.O. BOX 668407 MIAMI, FL 33166-8407
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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

01272006 Chg-LP CR2E003 (11/05)	
4. FEI Number 65-0927570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
STRANG, ROBERT A CPA 103 WEST MARION AVE, SUITE 121 PUNTA GORDA, FL 33950	

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 \$500.00
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	PITTS, CARL M	STREET ADDRESS	
NAME	7014 MARIPOSA COURT	CITY-ST-ZIP	
STREET ADDRESS	PEMBROKE PINES, FL 33029		
CITY-ST-ZIP			
DOCUMENT #	PITTS, STEVE G	STREET ADDRESS	
NAME	32537 WHITNEY ROAD	CITY-ST-ZIP	
STREET ADDRESS	LEESBURG, FL 34748		
CITY-ST-ZIP			
DOCUMENT #	PITTS, CARY D	STREET ADDRESS	
NAME	713 1/2 LINCOLN STREET	CITY-ST-ZIP	
STREET ADDRESS	COFFEYVILLE, KS 67337		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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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:  2-7-06 305-592-6540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 14 AM 11:18

[Handwritten mark]



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02-29-06 01016-025 **500.00

STATE OF FLORIDA