


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

DOCUMENT # A98000000459		
1. Entity Name BOUWKAMP FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 685 PALMER WAY MELBOURNE FL 32940	Mailing Address 685 PALMER WAY MELBOURNE FL 32940
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2. Principal Place of Business 355 MILANO LANE Suite, Apt. #, etc. APT. 104 City & State MELBOURNE, FL Zip 32940 Country USA	3. Mailing Address 355 MILANO LANE Suite, Apt. #, etc. APT. 104 City & State MELBOURNE, FL Zip 32940 Country USA
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06 MAY -1 AM 9:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1st MOORE CR2E003 (10/05)

4. FEI Number 59-3473560	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOUWKAMP, BURTON H 685 PALMER WAY MELBOURNE FL 32940	7. Name and Address of New Registered Agent Name BURTON H. BOUWKAMP Street Address (P.O. Box Number is Not Acceptable) 355 MILANO LANE APT. 104 City MELBOURNE FL Zip Code 32940
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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 Burton H. Bouwkamp DATE 4/25/06
Signature, typed or printed name of registered agent and title if applicable

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	BURTON H. BOUWKAMP, TRUSTEE 685 PALMER WAY MELBOURNE FL 32940	STREET ADDRESS CITY-ST-ZIP	355 MILANO LANE, APT. 104 MELBOURNE, FL 32940
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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: Burton H. Bouwkamp DATE 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE