


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

FILED
Apr 20, 2006 08:00 A
Secretary of State

DOCUMENT # A98000000522		
1. Entity Name JOSEPH H. MORRIS FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 245 SOUTH COVE TERRACE DRIVE PANAMA CITY FL 32401	Mailing Address 245 SOUTH COVE TERRACE DRIVE PANAMA CITY FL 32401
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/05)

City & State	City & State	4. FEI Number 59-3497725	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MORRIS, JOSEPH H 245 SOUTH COVE TERRACE DRIVE PANAMA CITY FL 32401
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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.

SIGNATURE _____ DATE _____
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 #		STREET ADDRESS	
NAME	MORRIS, JOSEPH H TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	245 SOUTH COVE TERRACE DRIVE		
CITY - ST - ZIP	PANAMA CITY FL 32401		
DOCUMENT #		STREET ADDRESS	
NAME	MORRIS, ROSE CAMERON	CITY - ST - ZIP	
STREET ADDRESS	245 SOUTH COVE TERRACE DRIVE		
CITY - ST - ZIP	PANAMA CITY FL 32401		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

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05/02/06-80139-008 500.00

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: *Joseph H. Morris* **4/15/06** **850 763-1312**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #