


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

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001075		
1. Entity Name ALLISON FAMILY LIMITED PARTNERSHIP, LTD.		

Principal Place of Business 10611 SALTZMAN TERRACE JACKSONVILLE FL 32225	Mailing Address 2510 CROOKED CREEK PT. MIDDLEBURG FL 32068
--	--



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **59-3515244** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE FL 32202**

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 #	NAME	STREET ADDRESS	CITY - ST - ZIP	
	ALLISON, VIRGIL L	2510 CROOKED CREEK PT.		
		MIDDLEBURG FL 32068		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	

U80000401556
02/02/06-80049-007 500.00

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: Virgil L. Allison 1/18/06 904291807