


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB -8 AM 10:42

DOCUMENT # A98000001114 1. Entity Name THE TURLEY FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 1465 S. FORT HARRISON AVENUE, SUITE 201 CLEARWATER, FL 33756	Mailing Address 1465 S. FORT HARRISON AVENUE, SUITE 201 CLEARWATER, FL 33756
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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

[Handwritten Signature]



01172006	Chg-LP	CR2E003 (11/05)
4. FEI Number 59-3519571		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 NYP, TINA 1465 S. FORT HARRISON AVENUE, SUITE 201 CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 _____ 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
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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 # P97000080224 NAME BEAR TREE, INC. STREET ADDRESS 1465 S. FORT HARRISON AVENUE, SUITE 201 CITY-ST-ZIP CLEARWATER, FL 33756	STREET ADDRESS CITY-ST-ZIP <div style="border: 1px solid black; padding: 5px; text-align: center;"> 900065856259 02/14/06 01060 000 **500.00 </div>

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: *[Handwritten Signature]* 1/24/06 727-443-4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #