


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -6 AM 8:53

DOCUMENT # A98000001270 1. Entity Name FAIRCLOTH FAMILY, LTD.	
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Principal Place of Business 170 S. WASHINGTON AVENUE APOPKA, FL 32703	Mailing Address 170 S. WASHINGTON AVENUE APOPKA, FL 32703
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[Handwritten Signature]



02082006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3517653	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FAIRCLOTH, PAUL G JR. 620 E. 6TH STREET APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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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	
DOCUMENT #	P97000090096
NAME	FAIRCLOTH FAMILY CORPORATION, INC.
STREET ADDRESS	170 S. WASHINGTON AVENUE
CITY - ST - ZIP	APOPKA, FL 32703
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
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CITY - ST - ZIP	

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DO NOT WRITE IN THIS SPACE

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: <i>[Handwritten Signature]</i>	_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	_____ <small>Date</small>	_____ <small>Daytime Phone #</small>
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STAPLE CHECK HERE