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

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001561

1. Entity Name
THE ALLSWORTH FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316	1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316

1st MOORE CR2E003 (10/05)

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

4. FEI Number 65-0848722 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLSWORTH, E. SCOTT 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316	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	ALLSWORTH, E. SCOTT		
STREET ADDRESS	1177 S.E. 3RD AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		U00000433239
DOCUMENT #		STREET ADDRESS	02/24/06-80009-023 500.00
NAME	ALLSWORTH, KATHRYN E		
STREET ADDRESS	1177 S.E. 3RD AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		
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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: E. Scott Allsworth SCOTT ALLSWORTH 2/8/06 954/762 7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #