


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

DOCUMENT # A98000001757		
1. Entity Name IRDC FAMILY PARTNERSHIP, LTD.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -7 AM 10:38

Principal Place of Business 925 DON JUAN COURT PUNTA GORDA FL 33950	Mailing Address 925 DON JUAN COURT PUNTA GORDA FL 33950
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

Handwritten initials

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent GOLDBRONN, DOREEN M ESQ. 2623 MCCORMICK DRIVE, SUITE 105 CLEARWATER FL 33759		7. Name and Address of New Registered Agent Name <i>Richard L. Carlson</i> Street Address <i>107 Marina del Rey</i> City <i>Clearwater, FL</i> Zip Code <i>33767</i>	
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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 *Richard L. Carlson* DATE *04/15/06*

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	CARLSON, IRENE E	CITY-ST-ZIP	
STREET ADDRESS	925 DON JUAN COURT		
CITY-ST-ZIP	PUNTA GORDA FL 33950		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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04/14/06 01001 019 **500.00

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: *Doreen M. Carlson* by *Richard L. Carlson* PAA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE