

**2006 LIMITED PARTNERSHIP ANNUAL REPORT****Due By May 1, 2006****FILED****Apr 06, 2006 08:00 AM**  
**Secretary of State****DOCUMENT # A98000001970**1. Entity Name  
**DOVERSPIKE FAMILY, LTD.**Principal Place of Business  
**10675 QUAIL COVEY ROAD  
BOYNTON BEACH, FL 33436**Mailing Address  
**10675 QUAIL COVEY ROAD  
BOYNTON BEACH, FL 33436**

02202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-0879530**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****BELSON, STEVEN A  
2500 N. MILITARY TRAIL, STE. 465  
BOCA RATON, FL 33431****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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$800.00****U000000495748  
04/21/06-80021-013 500.00****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 # P98000091250  
NAME DOVERSPIKE CORPORATION  
STREET ADDRESS 10675 QUAIL COVEY ROAD  
CITY-ST-ZIP BOYNTON BEACH, FL 33436****DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP****DOCUMENT #  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP****DO NOT WRITE  
IN THIS SPACE**

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

**Doverspike Corporation, General Partner****SIGNATURE: *Glenn Doverspike***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/29/06 501-738-7750**

Date

Daytime Phone #