

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR -3 AM 9:26

DOCUMENT # A98000002089 1. Entity Name FAMILY PORTFOLIO LTD.					
Principal Place of Business 4104 - 20TH STREET WEST BRADENTON, FL 34205			Mailing Address 4104 - 20TH STREET WEST BRADENTON, FL 34205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02102006 Chg-LP CR2E003 (11/05)	
4. FEI Number 65-0864524				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOLDMAN, STANLEY 4104 - 20TH STREET WEST BRADENTON, FL 34205			Name RIC GREGORIA, ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVE. City SARASOTA FL Zip Code 34236		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000077898		STREET ADDRESS		
NAME	FAMILY PORTFOLIO CORP.		CITY - ST - ZIP		
STREET ADDRESS	4104 - 20TH STREET WEST		CITY - ST - ZIP		
CITY - ST - ZIP	BRADENTON, FL 34205		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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: _____			_____ Date Daytime Phone #		

STAPLE CHECK HERE