

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000002097

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

**Entity Name:** THE ABT & DHT FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

540111 US HWY 1  
CALLAHAN, FL 32011

**New Principal Place of Business:**

**Current Mailing Address:**

540111 US HWY 1  
CALLAHAN, FL 32011

**New Mailing Address:**

**FEI Number:** 59-3533677

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEMAN, C. RANDOLPH  
9250 BAYMEADOWS ROAD, SUITE 230  
JACKSONVILLE, FL 322561813 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: BARNETT THOMPSON, ADRIEL

Address: 540111 US HWY 1

City-St-Zip: CALLAHAN, FL 32011

Document #:

Name: HILLIER THOMPSON, DEBRA

Address: 540111 US HWY 1

City-St-Zip: CALLAHAN, FL 32011

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEBRA THOMPSON

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/24/2006

\_\_\_\_\_  
Date