

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

2006 APR 25 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002362	
1. Entity Name THE 1998 BEN C. BOYNTON FAMILY FLP, LTD.	

Principal Place of Business 2735 MILLER LANDING ROAD TALLAHASSEE, FL 32312	Mailing Address 2735 MILLER LANDING ROAD TALLAHASSEE, FL 32312
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04252006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3538903	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOYNTON, BEN C 2735 MILLER LANDING RD. TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	BOYNTON, BEN C 2735 MILLER LANDING RD. TALLAHASSEE, FL 32312	STREET ADDRESS	900071887919 04/26/05 01001-007 **\$872.50
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-25/06 F50 509 P71
Date Daytime Phone #

STAPLE CHECK HERE