2006 L'IMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Feb 20, 2006 08:00 AM Secretary of State

Daytime Phone #

Due By May 1, 2006				Secretary of State	
DOCU!	MENT # A98000	0002701		Secretary of State	
	MILY PARTNERSHIP	, LTD.			
Principal Plac	e of Business	Mailing Address	·		
		317 RIVEREDGE BOULEVARD COCOA, FL 32922		(/ LEGISTY (CUTS (COLCUL COLL), SCALL, SCALL SCAL	
DO NOT WRITE IN THIS SPA			CE	01062006 No Chg-LP CR2E003 (11/05)	
				4. Fet Number Applied For 65-0876909 Not Applied by Applied Not	
				5. Certificate of Status Desired	
	6. Name and Address of	Current Registered Agent	}		
LONG, DONALD J 317 RIVEREDGE BOULEVARD		<u> </u>	DO NOT WRITE		
COCOA, FL 32922			IN THIS SPACE		
	named entity submits this statitions of registered agent.	ement for the purpose of changing its register	f ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accep	
SIGNATURE Signature, typed or printed name of regulared agent and title if applicable				DATE	
	FIL After Ma	E NOW!!! FEE IS \$500.00 ay 1, 2006, Fee will be \$900.00			
	A GENERAL PAR	INER THAT IS A BUSINESS ENTITY M		TERED AND ACTIVE WITH THIS OFFICE. In must be filed to change a general partner.	
12.	,	ARTNER INFORMATION			
DOCUMENT # WAME	P96000039799 DJL MANAGEMENT SER	VICES, INC.			
STREET ADDRESS	1 - · · · · · · · · -	VARD			
City-St-ZIP	COCOA, FL 32922			000700 4387.7 1 02/28 (05- 80078-001 158.75	
NAME	1			02/28/08-80076-001 158.75	
STREET AODRESS CITY-ST-ZIP					
DOCUMENT #					
NAME		ļ		DO NOT WOLL	
STREET ADDRESS CITY-ST-ZIP	}	i		DO NOT WRITE	
DOCUMENT /				IN THIS SPACE	
NAME	P				
STREET ADDRESS CHY-ST-ZIP	Ì	1			
DOCUMENT #					
NAME		1		U00000044003 4	
STREET ADDRESS CITY - ST-ZIP	}	}		₩9999944 <u>0934</u> 93/02/96-89925 - 901 599.00	
DOCUMENT #	<u> </u>				
NAME	}	}			
STREET ADDRESS	{				

14. I bereby 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 it made under cath; that I am a General Panner of the limited partnership or the receiver or trustee empowered to execute this reportes required by Chapter 620, Florida Statutes

ENERAL PARTHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

SIGNATURE: _