

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002786</b> 1. Entity Name MCCLELLAN PARK FAMILY LEARNING CENTER, LTD.					
Principal Place of Business 1700 SEMINOLE DRIVE SARASOTA, FL 34239			Mailing Address 1744 SEMINOLE DRIVE SARASOTA, FL 34239		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0890361	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  ZIMMER, CHERYL B 1744 SEMINOLE DRIVE SARASOTA, FL 34239				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P98000104906		STREET ADDRESS		
NAME	MCCLELLAN PARK FAMILY LEARNING CENTER, INC		CITY-ST-ZIP		
STREET ADDRESS	1744 SEMINOLE DRIVE		000000563746 05/20/06-80024-019 500.00		
CITY-ST-ZIP	SARASOTA, FL 34239		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
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: 5-01-06 Daytime Phone #: 365-2530		



04122006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0890361 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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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STAPLE CHECK HERE