


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002863 1. Entity Name THE PAVER FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 4370 S. TAMiami TRAIL, #242 SARASOTA FL 34231	Mailing Address 4370 S. TAMiami TRAIL, #242 SARASOTA FL 34231
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 65-0884199				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
PAVER, PAUL L 4370 S. TAMiami TRAIL, #242 SARASOTA FL 34231			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code

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.

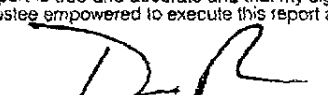
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	NAME	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP
	PAVER, PAUL L	4370 S. TAMiami TRAIL, #242	4370 S. TAMiami TRAIL, #242	SARASOTA FL 34231
	PAVER, DORIS	4370 S. TAMiami TRAIL, #242	4370 S. TAMiami TRAIL, #242	SARASOTA FL 34231

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:  3/9/06

STAPLE CHECK HERE