


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A99000000458 1. Entity Name WEBB FAMILY PARTNERSHIP, LTD.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 APR 24 AM 10:41	
Principal Place of Business 502 S. RANGE ST. MADISON, FL 32340				Mailing Address P.O. BOX 540 MADISON, FL 32341-0540			
2. Principal Place of Business 360 SW Range Ave				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
Suite, Apt. #, etc. City & State Zip Country				4. FEI Number 59-3566489 Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEBB, VERNAL A 1774 M STATE RPAD 53 MADISON, FL 32340				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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 #	P99000015679			STREET ADDRESS	360 SW Range Ave		
NAME	WEBB TIMBERLANDS, INC.			CITY - ST - ZIP			
STREET ADDRESS	502 S. RANGE ST.			CITY - ST - ZIP			
CITY - ST - ZIP	MADISON, FL 32340			CITY - ST - ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY - ST - ZIP			
STREET ADDRESS				CITY - ST - ZIP			
CITY - ST - ZIP				CITY - ST - ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY - ST - ZIP			
STREET ADDRESS				CITY - ST - ZIP			
CITY - ST - ZIP				CITY - ST - ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY - ST - ZIP			
STREET ADDRESS				CITY - ST - ZIP			
CITY - ST - ZIP				CITY - ST - ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY - ST - ZIP			
STREET ADDRESS				CITY - ST - ZIP			
CITY - ST - ZIP				CITY - ST - ZIP			
<div style="text-align: right; font-weight: bold;"> 100074077441 05/05/06--01043--017 **\$500.00 </div>							
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: <u>Vernal A. Webb</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<u>4-7-06</u> <small>Date</small>			
				<small>Daytime Phone #</small>			

STAPLE CHECK HERE