


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Jul 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000569</b>					
1. Entity Name <b>WENNER FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>648 NORTH SHORE DRIVE DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>648 NORTH SHORE DRIVE DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WENNER, JOHN P SR 648 NORTH SHORE DRIVE DEERFIELD BEACH, FL</b>				Name _____	
				Street Address (P.O. Box Number is Not Acceptable) _____	
				City _____	
				Zip Code <b>FL</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006</b>					
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>WENNER, JOHN P SR</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>648 NORTH SHORE DRIVE</b>				
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>WENNER, SUSAN</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>241-20 NORTHERN BLVD.</b>				
CITY-ST-ZIP	<b>FLUSHING, NY 11363</b>				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>WENNER, JOHN P JR.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>395 Route 447</b>				
CITY-ST-ZIP	<b>NEWFOUNDLAND, PA 18445</b>				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>WENNER, CATHY</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>282 SPRINGDALE CIRCLE</b>				
CITY-ST-ZIP	<b>PALM SPRINGS, FL 33461</b>				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
9. 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: <b>John P Wenner Jr</b> <b>John P Wenner Jr</b> <b>7/18/06</b> <b>347-680-2989</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date Daytime Phone #</small>					