
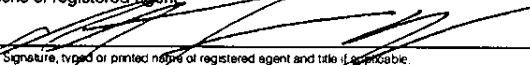
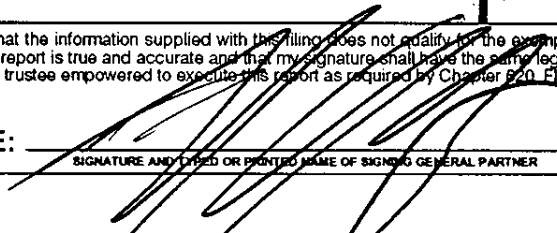


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:42

DOCUMENT # A99000000663					
1. Entity Name THE ANTHONY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1401 NORTHEAST TENTH STREET POMPAÑO BEACH, FL 33060			Mailing Address 1401 NORTHEAST TENTH STREET POMPAÑO BEACH, FL 33060		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2155943	
				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	
ELGIDELY, ROBERT F 1401 N.E. 10TH STREET POMPAÑO BEACH, FL 33060				Name <u>Richard S. Ferchak JR</u> Street Address (P.O. Box Number is Not Acceptable) <u>1401 NE 10 St</u> City <u>Pompano Bch</u> FL Zip Code <u>33060</u>	
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 \$500.00 Due by September 6, 2006				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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		
NAME	ANTHONY, RAY G		CITY-ST-ZIP		
STREET ADDRESS	1401 NORTHEAST TENTH STREET				
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS	500079874855	
NAME			CITY-ST-ZIP	09/15/06--01039--021 **\$500.00	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
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DOCUMENT #	NAME		STREET ADDRESS		
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CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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 820, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date					
Daytime Phone #					