2006 LIMITED PARTNERSHIP ANNUAL REPORT

2006 08:00 AM

Due By May 1, 2006				Secretary of State	
DOCU	MENT # A9900000	0781		Secre	ctary of State
1. Entity Nan THE VER	re RNON SMITH FAMILY LIN	IITED PARTNERSHIP			
Principal Plac	ce of Business	Mailing Address	<u> </u>		
3150 NORT	H A1A #501N E, FL 34949	3150 NORTH A1A #501N FORT PIERCE, FL 34949			
}	OO NOT WRIT	03272008 No Chg-LP	CR2E003 (11/05)		
1	O NOT WINE	E NA LLING OFF		4. FEI Number 65-0915975	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	1	<u> </u>	
	SMITH, VERNON D			DO NOT W	RITE
	3150 NORTH A1A #501N FORT PIERCE, FL 34949			IN THIS SPACE	
}	,			IN 1110 St	AUE
	e named entity submits this statementations of registered agent.	t for the purpose of changing its registe	red office or register	red agent, or both, in the State of Flo	orida. I am lamiliar with, and accept
SIGNATURE	Signature, lyped or printed name of registered ag	ent and title it applicable			DATE
		OWIII FEE IS \$500.00 , 2006, Fee will be \$900.00			
	A GENERAL PARTNE	R THAT IS A BUSINESS ENTITY MAY NOT be changed on the for	MUST BE REGIS	TERED AND ACTIVE WITH TH of must be filed to change a gr	IIS OFFICE. eneral partner.
12.		VER INFORMATION			
DOCUMENT /	SMITH, VERNON D	j			
STREET ADDRESS	3150 NORTH A1A #501N				
CHY-SI-ZIP	FORT PIERCE, FL 34949				
NAME		{		เมากกก	10487989
STREET ADDRESS	;	1		04/14/08	10487989 3-80015-007 500.00
DOCUMENT #	 				
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STREET ADDRESS		1		DO NOT WI	
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STREET ADDRESS CITY-ST-ZIP	' 	į			
NAME STREET ADDRESS		1			
CITY-ST-ZIP DOCUMENT F NAME					
DOCUMENT #	, , , t				
SYREET ADDRESS	A A SA	i i			

14. I hereby certify that the information supplied with this filling 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 Pariner of the limited partnership or the receiver or trustee empowered to execute this report as regalized by Chapter 620, Florida Statutes.

SIGNATURE:

City-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER