


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 6, 2006**

FILED
Aug 14, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000001128	
1. Entity Name A FOUNING FLORIDA FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 45120 DORMAN PL CALLAHAN FL 32011-3803	Mailing Address 45120 DORMAN PL CALLAHAN FL 32011-3803
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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

2nd MOORE CR2E003 (4/06)

4. FEI Number 59-3628522	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 MIZELL, JEAN H 45120 DORMAN PLAACE CALLAHAN FL 32011-3803

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.	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00. <input type="checkbox"/>
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____

File Now!!! Fee is \$900.00 Due By September 6, 2006

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 # P98000101116	NAME MINORCAN DEVELOPMENT, INC.	STREET ADDRESS	
STREET ADDRESS 45120 DORMAN PL		CITY - ST - ZIP	
CITY - ST - ZIP CALLAHAN FL 32011-3803			
DOCUMENT # P98000101113	NAME BUCKHORNS CREEK DEVELOPMENT INC	STREET ADDRESS	
STREET ADDRESS 45120 DORMAN PL		CITY - ST - ZIP	
CITY - ST - ZIP CALLAHAN FL 32011-3803			
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CITY - ST - ZIP			

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08/14/06-80002-002 900.00

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: Sean H. Mizell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-30-06 904-879-3227
Date Daytime Phone

STAPLE CHECK HERE