

2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000001958**

1. Entity Name  
**SUTTON FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**5824 COVEVIEW DRIVE  
LAKELAND, FL 33813**

Mailing Address  
**5824 COVEVIEW DRIVE  
LAKELAND, FL 33813**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3614266**

Applied For  
Not Applied

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SUTTON, CARLOS K  
5824 COVEVIEW DRIVE  
LAKELAND, FL 33813**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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**

DOCUMENT #	
NAME	<b>SUTTON, CARLOS K</b>
STREET ADDRESS	<b>5824 COVEVIEW DRIVE</b>
CITY-ST-ZIP	<b>LAKELAND, FL 33813</b>
DOCUMENT #	
NAME	<b>SUTTON, MICHAEL A</b>
STREET ADDRESS	<b>1118 LAKE DEESON POINT</b>
CITY-ST-ZIP	<b>LAKELAND, FL 33805</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/07/06-80114-002 508.75

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:

*Carlos Keith Sutton*

1/17/06

863-683-5565