2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000002032

Address:

City-St-Zip:

5653 BERRY GROVES ROAD

CLERMONT, FL 34714

Entity Name: SMOAK FAMILY LIMITED PARTNERSHIP

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	RY GROVES F IT, FL 34714	COAD		
Current Mailing Address:			New Mailing Address:	
	RY GROVES F IT, FL 34714	COAD		
FEI Number: 59-3619774 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	LL M RY GROVES F IT, FL 34714	D US		
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both
SIGNATUR	RE:			
	Electron	ic Signature of Registered Age	ent	Date
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONLY:	
Document #: Name: Address: City-St-Zip: Document #: Name:	SMOAK, CLAUE 8810 CRR561 CLERMONT, FL		Address: City-St-Zip:	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DELL M ELLIS 04/19/2006