2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 17, 2006 08:00 AN Secretary of State

1. Entity Name

THE HALL FAMILY LIMITED PARTNERSHIP



Principal Place of Business

4830 WEST KENNEDY BLVD

4830 WEST KENNEDY BLVD

STE 750 TAMPA, FL 33609 STE 750 TAMPA, FL 33609

Mailing Address

DO NOT WRITE IN THIS SPACE

04122006 No Chg-LP

CR2E003 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, WILLIAM C 4830 WEST KENNEDY BLVD STE 750 TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing $\hat{\imath}$ tions of registered agent.	s registered office or registered agent, or both, in the Sta	te of Florida. I am familiar with, and accept
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 \$90	0.00	
	A GENERAL PARTNER THAT IS A BUSINESS E NOTE: General Partners MAY NOT be changed on		
12.	GENERAL PARTNER INFORMATION		
DOCHMENT #			

HALL, WILLIAM C 4830 WEST KENNEDY BLVD., STE 750 STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP DOCUMENT # HALL, KATHLEEN S STREET ADDRESS 4830 WEST KENNEDY BLVD., STE 750 CITY-ST-ZIP TAMPA, FL 33609 OCCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT 4 NAME STREET ADDRESS CATY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

110710000514808 04/29/06-80185-006 500.00

DO NOT WRITE IN THIS SPACE

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 prepare as required by Chapter 620, Florida Statutes

SIGNATURE:

CHECK

щ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/12/06

813-286-4200

Daytime Phone #