

2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 6, 2006

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # B05000000303

1. Entity Name  
GEORGE F. EYDE LIMITED FAMILY PARTNERSHIP



06 JUL 10 AM 11:04

Principal Place of Business  
4860 SOUTH HAGADORN ROAD, SUITE 660  
EAST LANSING, MI 48823

Mailing Address  
4860 SOUTH HAGADORN ROAD, SUITE 660  
EAST LANSING, MI 48823

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

07062006 Chg-LP CR2E003 (11/05)

4. FEI Number  
38-2326646

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HANEY, GREGORY-SCOTT R ESQ.  
101 EAST KENNEDY BOULEVARD, SUITE 2800  
TAMPA, FL 33602

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00  
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

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	EYDE, GEORGE F
STREET ADDRESS	4660 S. HAGADORN ROAD, SUITE 660
CITY-ST-ZIP	EAST LANSING, MI 48823
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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07/14/06--01050--002 \*\*500.00

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: George F. Eyde Date 7-7-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

517-351-2480

STAPLE CHECK HERE