2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # B94000000510

1. Entity Name

THE DONALD E. GUNDERSON FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
3553 BAYARD DRIVE CINCINNATI OH 45208	3553 BAYARD DRIVE CINCINNATI OH 45208

1st MOORE CR2E003 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 31-1424098 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAINE, JEFF
400 NORTH ASHLEY, SUITE 2300
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. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY-ST-ZIP	 GUNDERSON, DONALD E 3553 BAYARD DRIVE CINCINNATI OH 45208	STREET ADDRESS CITY-ST-ZIP	U00000465348 03/22/06--80032--022 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 GUNDERSON, MARY JEAN 3553 BAYARD DRIVE CINCINNATI OH 45208	STREET ADDRESS CITY-ST-ZIP	
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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: Donald E Gunderson Mar. 8, 2006 (513) 321-8824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #