## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## **DOCUMENT # B95000000273**

Entity Name
 JWN FAMILY PARTNERS, L.P., LTD.



FILED
May 06, 2006 08:00 AM
Secretary of State

Principal Place of Business
3376W. PENNINGTON COURT
LECANTO, FL 34461

Mailing Address
3376-W PENNINGTON COURT
LECANTO, FL 34461



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**62-1535829** 

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

NEMETH, JOHN W JR. 6198 S. LECANTO HWY. LECANTO, FL 34461

## DO NOT WRITE IN THIS SPACE

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6. The above the obligat	named entity submits this statement for the purpose of changing its retions of registered agent.	gistered office or registered agent, or both, i	in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent and title # applicable.		DATE
	FILE NOWIII FEE IS \$500,00 After May 1, 2006, Fee will be \$900.0	90	U00000542075 05/10/06-80083-015 500.80
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACT	TIVE WITH THIS OFFICE.
12.	GENERAL PARTNER INFORMATION		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NEMETH, JOHN W JR. 6198 S. LECANTO HWY, LECANTO, FL 34461		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NEMETH, JUDITH L 6198 S. LECANTO HWY. LECANTO, FL 34461	·	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NEMETH, JOHN P 6198 S. LECANTO HWY. LECANTO, FL 34461		OT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS			

14. I hereby certify that the information supplied with this fitting 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:

CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OF STRUCK HAVE OF SKINNY OF SEPTIME

1/26/06

357-628-4510