2006 LIMITED PARTNERSHIP ANNUAL REPORT

CITY-ST-ZIP

DOCUMENT# NAME STREET ADDRESS CRTY-ST-ZIP

STAPL

Due By May 1, 2006 FILED Feb 09, 2006 08:00 AN **DOCUMENT #B97000000503** 1. Entity Name MONROE FAMILY ENTERPRISES, LTD. **Secretary of State** Mailing Address Principal Place of Business 256 N. SUMMIT STREET P.O. BOX 449 FAIRHOPE, AL 36533 FAIRHOPE, AL 36532 02062006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 72-1345245 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MONROE, KAREN F DO NOT WRITE 105 GARFIELD STREET SANTA ROSA BEACH, FL 32459 IN THIS SPACE 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, typed or printed name of registered agent and Litle if applicable. DATE FILE NOW!!! FEE 18 \$500.00 After May 1, 2005, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. M97000000212 DOCUMENT # 000000425517 02/20/06-80002-002 508.75 PHILIP R. MONROE AND KAREN F. MONROE, L.L. NAME STREET ADDRESS P.O. BOX 449 CITY-ST-ZIP FAIRHOPE, AL 36533 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CRIY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME ETREET ADDRESS

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 eath; 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

LONROC SIGNATURE! SIGNATURE AND TYPED OR PRINTED NAME OF SIGN