

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A00000001538 1. Entity Name THE ULLMAN FAMILY LIMITED PARTNERSHIP, LLLP	
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Principal Place of Business 1316 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33898-7426	Mailing Address 1316 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33898-7426
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3674010	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ULLMAN, DAVID C
1316 SOUTH HIGHLAND PARK DRIVE
LAKE WALES, FL 33853

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

1100000541905
05/10/06-80078-001 500.00

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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	ULLMAN, DAVID C
STREET ADDRESS	1316 SOUTH HIGHLAND PARK DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33898
DOCUMENT #	
NAME	ULLMAN, JUNE C
STREET ADDRESS	1316 SOUTH HIGHLAND PARK DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33898
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *David C. Ullman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DAVID C. ULLMAN

4/25/06 863-676-7081

Date

Daytime Phone #

STAPLE CHECK HERE