

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000000685 1. Entity Name LAKE TRAFFORD RANCH, LLLP	
---	---

Principal Place of Business 1395 PANTHER LANE, STE. 300 NAPLES, FL 34109	Mailing Address 1395 PANTHER LANE, STE. 300 NAPLES, FL 34109
--	--

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



01242006 No Chg-LP CR2E003 (11/05)

4. FEI Number 20-1417753	Applied For ☐ Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. C/O QUARLES & BRADY LLP 1395 PANTHER LANE STE. 300 NAPLES, FL 34109
--

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
After May 1, 2006, 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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	TAYLOR, THOMAS M
STREET ADDRESS	481 CARICA ROAD
CITY-ST-ZIP	NAPLES, FL 34108
DOCUMENT #	
NAME	ALLEN, CHRISTOPHER L
STREET ADDRESS	6301 SHIRLEY STREET
CITY-ST-ZIP	NAPLES, FL 34019
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000440207
 03/02/06 00031-023 500.00

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: Thomas M. Taylor General Partner 1/28/06 (239) 254-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE