

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:20

DOCUMENT # A04000000746

1. Entity Name
 TWO CORNERS LIMITED PARTNERSHIP, LLLP



Principal Place of Business
 4622 GALL BLVD.
 ZEPHYRHILLS, FL 33541-6237

Mailing Address
 P.O. BOX 9005
 ZEPHYRHILLS, FL 33539-9005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006 Chg-LP CR2E003 (11/05)

4. FEI Number
 APPLIED FOR

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINVILLE, LOIS R
 4622 GALL BLVD.
 ZEPHYRHILLS, FL 33541-6237

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME
 STREET ADDRESS
 CITY - ST - ZIP
 LINVILLE, LOIS R
 P.O. BOX 9005
 ZEPHYRHILLS, FL 335399005

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME
 STREET ADDRESS
 CITY - ST - ZIP
 LINVILLE, TERRY
 P.O. BOX 9005
 ZEPHYRHILLS, FL 335399005

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME
 STREET ADDRESS
 CITY - ST - ZIP
 LINVILLE, DANNY
 P.O. BOX 9005
 ZEPHYRHILLS, FL 335399005

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

LOIS R. LINVILLE

3/10/06

813.782.1521

STAPLE CHECK HERE