

2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000002245	
1. Entity Name SELKO FAMILY NUMBER ONE LIMITED PARTNERSHIP	

Principal Place of Business 3121 BURGUNDY DRIVE NORTH PALM BEACH GARDENS, FL 33410	Mailing Address 3121 BURGUNDY DRIVE NORTH PALM BEACH GARDENS, FL 33410
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04262006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0706092	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SELKO, SOLL L
 3121 BURGUNDY DRIVE NORTH
 PALM BEACH GARDENS, FL 33410

**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

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	
DOCUMENT #	
NAME	SELKO, SOLL L
STREET ADDRESS	3121 BURGUNDY DRIVE NORTH
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
DOCUMENT #	
NAME	SELKO, MILDRED L
STREET ADDRESS	3121 BURGUNDY DRIVE NORTH
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000554416
 05/15/06-80091-015 500.00

**DO NOT WRITE
 IN THIS SPACE**

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 the 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 850, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/06 561-624-4415
 Date Daytime Phone #

STAPLE CHECK HERE