

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Apr 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A98000002771**

1. Entity Name  
**GLOTFELTY LIMITED PARTNERSHIP**



Principal Place of Business  
**2233 NOTTINGHAM ROAD  
LAKELAND, FL 33803-3523**

Mailing Address  
**2233 NOTTINGHAM ROAD  
LAKELAND, FL 33803-3523**



03072006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3546804</b>	Applied For. Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**GLOTFELTY, JOHN W  
2233 NOTTINGHAM ROAD  
LAKELAND, FL 33803-3523**

**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	<b>GLOTFELTY, JOHN W</b>
STREET ADDRESS	<b>2233 NOTTINGHAM ROAD</b>
CITY-ST-ZIP	<b>LAKELAND, FL 338033523</b>

DOCUMENT #	
NAME	<b>GLOTFELTY, BONNIE</b>
STREET ADDRESS	<b>2233 NOTTINGHAM ROAD</b>
CITY-ST-ZIP	<b>LAKELAND, FL 338033523</b>

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04/29/06-80169-015 500.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*John W. Glotfoot*

*30 April 06*

*863  
240 388*

STAPLE CHECK HERE