

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001569

1. Entity Name
GROUP 3 INVESTMENTS, LLLP



Principal Place of Business
**1017 FRANKLAND ROAD
TAMPA, FL 33629**

Mailing Address
**1414 DISTANT OAKS DR
WESLEY CHAPEL, FL 33543**



01092006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4562209

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CFRA, LLC
4221 W. BOY SCOUT BLVD.
TAMPA, FL 33607-5736**

**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**

**1100000384519
01/17/06-80017-006 500.00**

**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
STREET ADDRESS
CITY-ST-ZIP
**GALLAGHER, GARY E
1017 FRANKLAND ROAD
TAMPA, FL 33629**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ARMSTRONG, WILLIAM M
1017 FRANKLAND ROAD
TAMPA, FL 33629**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**DONLAD, THOMAS
1017 FRANKLAND ROAD
TAMPA, FL 33629**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 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

1-9-06

Date

813 765 9296

Daytime Phone #

STAPLE CHECK HERE