

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

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000359**

1. Entity Name  
**ALEXANDER SECURITIES, LTD.**



Principal Place of Business  
**10910 JUNIPERUS PLACE  
TAMPA, FL 33618**

Mailing Address  
**10910 JUNIPERUS PLACE  
TAMPA, FL 33618**



**DO NOT WRITE IN THIS SPACE**

04182006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3432120**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**ALEXANDER, WILLIAM O  
10910 JUNIPERUS PLACE  
TAMPA, FL 33618**

**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**

U000000524952

05/04/06 00011 002 500.00

**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  
**ALEXANDER, WILLIAM O  
10910 JUNIPERUS PLACE  
TAMPA, FL 33618**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ALEXANDER, YVONNE  
10910 JUNIPERUS PLACE  
TAMPA, FL 33618**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*William O. Alexander* 4/26/06 0813-264-6