

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # B93000000041

1. Entity Name
WARMACK MUSKOGEE LIMITED PARTNERSHIP



Principal Place of Business
**30 MORRIS LANE
TEXARKANA, TX 75503-2115**

Mailing Address
**30 MORRIS LANE
TEXARKANA, TX 75503-2115**



04252006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0427769	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**HOUCK, TOM JR.
312 SOUTH 451
MELBOURNE, FL 32901**

**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 #	M00000001325
NAME	WARMACK AND COMPANY, L.L.C.
STREET ADDRESS	30 MORRIS LANE
CITY - ST - ZIP	TEXARKANA, TX 75503

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	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000553718
05/15/06-80061-018 500.00

**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 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 #

STAPLE CHECK HERE