

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000407	
1. Entity Name ERNEST L. TREVENA III, LTD.	

Principal Place of Business 2719 FOREST CLUB DRIVE PLANT CITY, FL 33567	Mailing Address 2719 FOREST CLUB DRIVE PLANT CITY, FL 33567
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03012006 No Chg-LP

CRZE003 (11/05)

4. FEI Number
59-3635591

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHRISTIE, PIERCE 2719 FOREST CLUB DRIVE PLANT CITY, FL 33567

**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	STREET ADDRESS	CITY - ST - ZIP
	CHRISTIE, PIERCE	2719 FOREST CLUB DRIVE	PLANT CITY, FL 33567
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	CHRISTIE, HILDA	2719 FOREST CLUB DRIVE	PLANT CITY, FL 33567
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

U00000469505
 03/27/06-80002-014 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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 #