

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FAX 2 FILED 3
Mar 16, 2006 08:00 AM
AT Secretary of State

DOCUMENT # A00000000408	
1. Entity Name VIRGINIA LENORA TREVENA, 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

CR2E003 (11/05)

 4. FEI Number
59-3629609

 Applied For
Not Applicable

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 except 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 \$800.00
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	CHRISTIE, PIERCE
STREET ADDRESS	CITY - ST - ZIP	2719 FOREST CLUB DRIVE PLANT CITY, FL 33567
DOCUMENT #	NAME	CHRISTIE, HILDA
STREET ADDRESS	CITY - ST - ZIP	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	

 U000000469507
 03/27/06-80002-015 500.00

**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 520, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #