

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 27 AM 11:13

DOCUMENT # A00000000554

1. Entity Name

SMIGIEL PARTNERS XII, LTD.



Principal Place of Business

7965 LANTANA ROAD  
 LAKE WORTH FL 33467

Mailing Address

P.O. BOX 540623  
 LAKE WORTH FL 33454

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 540669

*[Handwritten signature]*



1st MOORE

CR2E003 (10/05)

City & State

Zip

Country

City & State

Zip

Country

Lake Worth FL

33454

US

4. FEI Number

65-0991469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SMIGIEL, GARY  
 7965 LANTANA ROAD  
 LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # L93000000238  
 NAME GARY SMIGIEL, L.C.  
 STREET ADDRESS 7965 LANTANA ROAD  
 CITY-ST-ZIP LAKE WORTH FL 33467

DOCUMENT #  
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 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000069937780  
 04/10/06--01042--015 \*\*500.00

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:

*[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MAY 1 2006

Date

Daytime Phone #

(561) 968-3605

STAPLE CHECK HERE