

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000634

1. Entity Name
**ROBERT AND ROBEANA CHAFFIOT FAMILY
PARTNERSHIP, LTD.**



Principal Place of Business
**1802 S. FISKE BLVD., STE. 101
ROCKLEDGE, FL 32955**

Mailing Address
**1802 S. FISKE BLVD., STE. 101
ROCKLEDGE, FL 32955**



01232006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3702166

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHAFFIOT, ROBEANA G
8 RIVER EDGE DRIVE
ROCKLEDGE, FL 32955**

**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
**CHAFFIOT, ROBERT R
8 RIVER EDGE DRIVE
ROCKLEDGE, FL 32955**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAFFIOT, ROBEANA G
8 RIVER EDGE DRIVE
ROCKLEDGE, FL 32955**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000418041
02/13/06-80080-014 500.00

**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

ROBERT R. CHAFFIOT 2-1-06 321-632-3444

Date

Daytime Phone if

STAPLE CHECK HERE