


2000 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

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

DOCUMENT # A00000000837			
1. Entity Name ICW NETWORK PARTNERS LIMITED			
Principal Place of Business 410 EAST GOVERNMENT STREET PENSACOLA FL 32501		Mailing Address 410 EAST GOVERNMENT STREET PENSACOLA FL 32501	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SHERRILL, RICHARD H 410 EAST GOVERNMENT STREET PENSACOLA FL 32501		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L00000003465	STREET ADDRESS	
NAME	ICW NETWORK, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	410 EAST GOVERNMENT STREET		
CITY-ST-ZIP	PENSACOLA FL 32501		
DOCUMENT #		STREET ADDRESS	U00000553698
NAME		CITY-ST-ZIP	05/15/06-80063-011 500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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: _____		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER RICHARD H. SHERRILL		Daytime Phone # 850-432-9827	



1st MOORE

CR2E003 (10/05)

4. FEI Number
59-3650349

Applied For
Not Applicable

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

STAPLE CHECK HERE