

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000865

1. Entity Name
RICHARD T. DARRAGH FAMILY PARTNERSHIP, LLLP



Principal Place of Business

**425 WEBBS COVE
OSPREY, FL 34229**

Mailing Address

**425 WEBBS COVE
OSPREY, FL 34229**



DO NOT WRITE IN THIS SPACE

02222006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

65-1011098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DARRAGH, RICHARD T
425 WEBBS COVE
OSPREY, FL 34229**

**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
**DARRAGH, MILDRED E
425 WEBBS COVE
OSPREY, FL 34229**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**DARRAGH, RICHARD T
425 WEBBS COVE
OSPREY, FL 34229**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

~~04/22/06-80023-008 500.00~~

**U00000496699
04/22/06-80023-008 500.00**

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: **X**

Richard T Darragh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #