

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 6, 2006**

**FILED**  
**Jul 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001155**

1. Entity Name

FRANZ FAMILY PARTNERSHIP, LTD.



Principal Place of Business

Mailing Address

160 ROSEHILL DR W  
TALLAHASSEE FL 32312

160 ROSEHILL DR W  
TALLAHASSEE FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E003 (4/06)

4. FEI Number **59-3666670**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANZ, SINCLAIR  
3149 OLD U.S. ROAD  
MARIANNA FL 32446

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.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**File Now!!! Fee is \$900.00 Due By September 6, 2006**

**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 #  
NAME FRANZ, SINCLAIR  
STREET ADDRESS 3149 OLD U.S. ROAD  
CITY-ST-ZIP MARIANNA FL 32446

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME FRANZ, ANGELA  
STREET ADDRESS 3149 OLD U.S. ROAD  
CITY-ST-ZIP MARIANNA FL 32446

STREET ADDRESS  
CITY-ST-ZIP

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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:

*Karl Sinclair Franz* KARL SINCLAIR FRANZ

7-19-06 8502227407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE