


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

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000002013 1. Entity Name HALL FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 700 OCEAN ROYALE WAY, APT. #1203 JUNO BEACH FL 33408	Mailing Address 700 OCEAN ROYALE WAY, APT. #1203 JUNO BEACH FL 33408
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **65-1017120** Applied For Not Applied

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

6. Name and Address of Current Registered Agent HALL, GORDON B SR. 700 OCEAN ROYALE WAY, APT. #1203 JUNO BEACH FL 33408		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 #	P00000113450	STREET ADDRESS	
NAME	HALL GENERAL CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	700 OCEAN ROYALE WAY, APT. #1203		
CITY-ST-ZIP	JUNO BEACH FL 33408		
DOCUMENT #		STREET ADDRESS	U000000519426
NAME		CITY-ST-ZIP	05/02/06-80045-011 500.00
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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: Gordon B. Hall 4/17/06 561-6948396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE