

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A01000000388

1. Entity Name
6759 LIMITED



Principal Place of Business
**PO BOX 24903
 FT. LAUDERDALE, FL 33007**

Mailing Address
**PO BOX 24903
 FT. LAUDERDALE, FL 33007**

03 MAY -1 11:09:00

STATE OF FLORIDA
 TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006

Chg-LP

CR2E003 (11/05)

4. FEI Number

59-3703275

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

**VITOLO, CHRISTINE
 1239 N.E. 8TH AVENUE
 FT. LAUDERDALE, FL 33304**

Name

Street Address (P.O. Box Number is Not Acceptable)

1210 N.E. 8th Avenue

City

Fort Lauderdale

FL

Zip Code

33304

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

4-25-06

954-763-5488

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P01000019351**
 NAME **6759, INC.**
 STREET ADDRESS **1239 N.E. 8TH AVE**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33304**

STREET ADDRESS **1210 N.E. 8th Avenue**
 CITY-ST-ZIP **Fort Lauderdale, FL 33304**

DOCUMENT #
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**600074661256
 05/16/06 01020 023 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHRISTINE VITOLO

4-19-06

Date

954-763-5488

Daytime Phone #

STAPLE CHECK HERE