

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 10: 03

DOCUMENT # A01000000866

1. Entity Name
DORCAS HARRINGTON EBERT FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**2303 FIDDLER'S LANE
ATLANTIC BEACH, FL 32233**

Mailing Address
**2303 FIDDLER'S LANE
ATLANTIC BEACH, FL 32233**

DO NOT WRITE IN THIS SPACE

02222006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3728565

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EBERT, WILLIAM P.J.
2303 FIDDLERS LANE
ATLANTIC BEACH, FL 32232**

**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
	EBERT, DORCAS H TRUSTEE	1613 OCEANSHORE BLVD., #C-4 2303 Fiddler's Lane	ORMOND BEACH, FL 32176 Atlantic Beach, FL 32232
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	EBERT, WILLIAM P. J	1613 OCEANSHORE BLVD., #C-4 2303 Fiddler's Lane	ORMOND BEACH, FL 32176 Atlantic Beach, FL 32232
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900068093309
03/20/06--01014--020 **500.00

**DO NOT WRITE
IN THIS SPACE**

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

2/23/06
Date

(904) 241-9997
Daytime Phone #

STAPLE CHECK HERE