

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 24 AM 11:15

DOCUMENT #A01000001045

1. Entity Name  
 STUMPF FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
 2727 N. HIGHWAY A1A  
 APT. #502  
 INDIALANTIC, FL 32903

Mailing Address  
 7620 MASSACHUSETTS AVENUE  
 NEW PORT RICHEY, FL 34653

2. Principal Place of Business

7620 Mass Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-LP CR2E003 (11/05)

City & State

New Port Richey FL

City & State

4. FEI Number

59-3734906

Applied For

Not Applicable

Zip  
 34653

Country  
 USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GILMORE, DAVID C  
 7620 MASSACHUSETTS AVE  
 NEW PORT RICHEY, FL 34653

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000064285  
 NAME STUMPF HOLDINGS INC  
 STREET ADDRESS 2727 N. HIGHWAY A1A, APT. #502  
 CITY-ST-ZIP INDIALANTIC, FL 32903

STREET ADDRESS  
 CITY-ST-ZIP

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STREET ADDRESS  
 CITY-ST-ZIP

100074080311  
 05/05/06--01048--003 \*\*500.00

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:

*Robert F. Stumpf*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-15-06 (727) 849-2296

STAPLE CHECK HERE