


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

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001076	
1. Entity Name STALVEY PROPERTIES, LTD.	

Principal Place of Business 2100 DOVER RD HAVANA FL 32333	Mailing Address P.O. BOX 733 TALLAHASSEE FL 32302
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. B, etc.		Suite, Apt. B, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **59-3746333** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STALVEY, ROBERT GLENN
1532 CRISTOBAL DR
TALLAHASSEE FL 32303**

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 #	STALVEY, R. GLENN	STREET ADDRESS	
NAME	P.O. BOX 733	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE FL 32303		
CITY-ST-ZIP			
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03/07/06-80025-015 500.00

STAPLE CHECK HERE

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 GLENN STALVEY** 2-16-06 850-545-4928