

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Aug 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001141**

1. Entity Name  
**THE JANKE FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**1175 S. U.S. HIGHWAY 1  
VERO BEACH, FL 32962**

Mailing Address  
**1175 S. U.S. HIGHWAY 1  
VERO BEACH, FL 32962**



08282006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3745972**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BLODIG, GREGORY J  
100 W. CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE, FL 33309**

**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 \$900.00**  
**On or after September 6, 2006, Fee will be \$1000.00**

**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  
**JANKE, WALTER H  
1175 S. U.S. HIGHWAY 1  
VERO BEACH, FL 32962**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**JANKE, LALITA  
1175 S. U.S. HIGHWAY 1  
VERO BEACH, FL 32962**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
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CITY- ST- ZIP

000000575636  
08/30/06-80002-006 900.00

**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

**8/28/06**  
Date

**772-794-0030**  
Daytime Phone #

STAPLE CHECK HERE