

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001542

1. Entity Name

**FAMILY TREE ENTERPRISES LIMITED PARTNERSHIP,
LLLP**



Principal Place of Business

**10,000 HIGHWAY 98 NORTH
OKEECHOBEE, FL 34972**

Mailing Address

**10,000 HIGHWAY 98 NORTH
OKEECHOBEE, FL 34972**



02262006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1151242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LARSON, LOUIS E JR.
10,000 HIGHWAY 98 NORTH
OKEECHOBEE, FL 34972**

**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

11000000482741
04/11/06-80087-023 500.00

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

**LARSON, LOUIS E JR.
10,000 HIGHWAY 98 NORTH
OKEECHOBEE, FL 34972**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**LARSON, GRACE ANN
10,000 HIGHWAY 98 NORTH
OKEECHOBEE, FL 34972**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Grace Ann Larson
Grace Ann Larson

3/24/06
3/24/06

863-763-7947
863-763-7947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #