

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001692

1. Entity Name
THE BICKEL FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**6700 GULF OF MEXICO DRIVE, APT. 117
LONGBOAT KEY, FL 34228**

Mailing Address
**6700 GULF OF MEXICO DRIVE, APT. 117
LONGBOAT KEY, FL 34228**



01232006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0407775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BICKEL MANAGEMENT, INC.
6700 GULF OF MEXICO DRIVE, APT. 117
LONGBOAT KEY, FL 34228**

**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 # **P01000118941**
NAME **BICKEL MANAGEMENT, INC.**
STREET ADDRESS **6700 GULF OF MEXICO DRIVE, APT. 117**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

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000000412006
02/10/06-80030-019 500.00

**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:

Marilyn L. Thomas
MARILYN L. THOMAS

1/25/06 609-492-4153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE