

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jul 18, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000000035

1. Entity Name
ELLERIN PARTNERSHIP, LTD.



Principal Place of Business
3075 HAMPTON PLACE
BOCA RATON, FL 33434

Mailing Address
3075 HAMPTON PLACE
BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE



07102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
01-0570688

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADEN, LISA
4623 FOREST HILL BLVD
STE 111
WEST PALM BEACH, FL 33415

**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
ELLERIN, CHARLES TRUSTEE
3075 HAMPTON PLACE
BOCA RATON, FL 33434

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SIEBERT, JOHN TRUSTEE
3075 HAMPTON PLACE
BOCA RATON, FL 33434

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

000000570920
07/18/06-80016-001 900.00

**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

Date

Daytime Phone #

STAPLE CHECK HERE