

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A02000000050

1. Entity Name  
ETP SUP LIMITED PARTNERSHIP



Principal Place of Business  
504 NORTH BAYLEN STREET  
PENSACOLA, FL 32501

Mailing Address  
504 NORTH BAYLEN STREET  
PENSACOLA, FL 32501



01032006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-2587704

Applied For  
Not Applicable

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

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

DANNHEISSER, MATT E  
504 NORTH BAYLEN STREET  
PENSACOLA, FL 32501

**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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PICARD, ELIZABETH T  
504 NORTH BAYLEN STREET  
PENSACOLA, FL 32501

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DANNHEISSER, TAMM P  
504 NORTH BAYLEN STREET  
PENSACOLA, FL 32501

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DANNHEISSER, MATT E  
504 NORTH BAYLEN STREET  
PENSACOLA, FL 32501

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000382447  
01/12/06-80012-003 500.00

**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:

*Tamm P. Dannheisser*

1/4/06 (850) 434-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Tamm P. Dannheisser

Daytime Phone #