

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

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000089**

1. Entity Name  
**CARRON FAMILY LIMITED PARTNERSHIP**



Principal Place of Business

**233 W. WATERS AVE.  
TAMPA, FL 33604**

Mailing Address

**233 W. WATERS AVE.  
TAMPA, FL 33604**



01042006 No Chg-LP

CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number:  
**03-0379827**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEFLOCH, EUGENE M ESQ  
1311 N. WESTSHORE BLVD.  
SUITE 205  
TAMPA, FL 33607**

**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  
**CARRON, LOUIS J SR.  
17125 ORANGEWOOD DRIVE  
LUTZ, FL 33548**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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1000000417748  
02/13/06-80066-018 500.00

**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: Louis J. Carron LOUIS J. CARRON 01/10/06 813 933-7861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE