

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A02000000356

1. Entity Name
BARCLAY FORGE OF HERNANDO CO. LTD.



Principal Place of Business
**20725 S.W. 46TH AVENUE
NEWBERRY, FL 32669**

Mailing Address
**20725 S.W. 46TH AVENUE
NEWBERRY, FL 32669**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
33-1023041

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, STEFAN M
20725 S.W. 46TH AVENUE
NEWBERRY, FL 32669**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable)

City

FL

Zip Code

**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 # **L02000034325**
NAME **DAVIS HERITAGE-BARCLAY FORGE, LLC**
STREET ADDRESS **20725 S.W. 46TH AVENUE**
CITY-ST-ZIP **NEWBERRY, FL 32669**

DOCUMENT #
NAME **DAVIS, STEFAN M TRUSTEE**
STREET ADDRESS **20725 S.W. 46TH AVENUE**
CITY-ST-ZIP **NEWBERRY, FL 32669**

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000000517921
05/01/06-80065-016 500.00**

**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:

Stefan M. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

352-472-7773
Daytime Phone #

STAPLE CHECK HERE