

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:47

DOCUMENT # A02578

1. Entity Name
 THE PENSACOLA FOUNTAINS, LTD.



Principal Place of Business
 9975 S. UNIVERSITY PARKWAY
 PENSACOLA, FL 32504 US

Mailing Address
 2801 SW ARCHER ROAD
 GAINESVILLE, FL 32608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-1507219

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMMER, PHILIP I.
 2801 S.W. ARCHER RD.
 GAINESVILLE, FL 32608

Name **MCGRIFF, LORI E**

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

2801 SW ARCHER ROAD

City **GAINESVILLE**

FL

Zip **32608**

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]

Signature, typed or printed name of registered agent and fee 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000062437
 NAME PENSACOLA FOUNTAINS, CORP.
 STREET ADDRESS 2801 SW ARCHER ROAD
 CITY-ST-ZIP GAINESVILLE, FL 32608

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE