

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A02735

1. Entity Name
DOWNTOWN LOCKHART, LTD.



Principal Place of Business
380 S. SR 434, SUITE 1004-#114
ALTAMONTE SPRINGS, FL 32714

Mailing Address
380 S. SR 434, SUITE 1004-#114
ALTAMONTE SPRINGS, FL 32714



04132006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1595307

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRAKE, T. MICHAEL
380 S. SR 434, SUITE 1004-#114
ALTAMONTE SPRINGS, FL 32714

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
DRAKE, T MICHAEL
380 S. SR 434, SUITE 1004-#114
ALTAMONTE SPRINGS, FL 32714

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
412002
MCCAMMON, INC.
234 RIVER VILLAGE DR
DEBARY, FL 32713

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

U00000521617
05/02/06-80143-007 500.00

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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 #

T. Michael Drake, GENERAL PARTNER, 4/16/06 407-682-7078

STAPLE CHECK HERE