

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000000642

1. Entity Name
THE GIRLS' TEAM, LTD.



Principal Place of Business
**1006 BAY AVE.
CLEARWATER, FL 33756**

Mailing Address
**1006 BAY AVE.
CLEARWATER, FL 33756**



01242006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2011217

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THE MOTHER SHIP, LLC
1006 BAY AVE.
CLEARWATER, FL 33756**

**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

U000000404742
02/02/06-80014-006 500.00
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 # **L03000013936**
NAME **THE MOTHER SHIP, LLC**
STREET ADDRESS **1006 BAY AVE.**
CITY-ST-ZIP **CLEARWATER, FL 33756**

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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:

Sarah Walker Arthur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

January 24, 2006 **727-441-2222**

Date

Daytime Phone #

STAPLE CHECK HERE