

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2006**

**DOCUMENT # A03000000894**

1. Entity Name

HELEN REAVES FAMILY LIMITED PARTNERSHIP, LTD.



SECRETARY OF STATE  
DIVISION OF BANKING AND FINANCE

06 FEB 24 AM 10:33

Principal Place of Business

8539 CONCORD COURT  
JACKSONVILLE FL 32208

Mailing Address

8539 CONCORD COURT  
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*PS*



1st MOORE

CR2E003 (10/05)

4. FEI Number  
**AP-PLIED FOR**

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

COLD, KATHLEEN H  
ONE INDEPENDENT DRIVE, STE. 2301  
JACKSONVILLE FL 32208

Name

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

City

**FL**

Zip Code

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. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # P97000061050  
NAME HELEN M. REAVES FAMILY INVESTMENT, INC.  
STREET ADDRESS 8539 CONCORD COURT  
CITY-ST-ZIP JACKSONVILLE FL 32208

STREET ADDRESS

CITY-ST-ZIP

000067189930  
03/07/06--01007--016 \*\*500.00

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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:

*Helen M Reaves*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2-9-06*

Date

Daytime Phone #

STAPLE CHECK HERE