

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006 .

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000000976

1. Entity Name
THE LLLONG FAMILY LIMITED PARTNERSHIP



Principal Place of Business
2014 FOURTH STREET
SARASOTA, FL 34237 US

Mailing Address
2014 FOURTH STREET
SARASOTA, FL 34237 US



01042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0116159

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, HOWARD G
2014 FOURTH STREET
SARASOTA, FL 34237

**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 **LONG, LARRY L**
STREET ADDRESS **988 BOULEVARD OF THE ARTS STE 1909**
CITY-ST-ZIP **SARASOTA, FL 34236**

DOCUMENT #
NAME **LONG, SANDRA L**
STREET ADDRESS **988 BOULEVARD OF THE ARTS STE 1909**
CITY-ST-ZIP **SARASOTA, FL 34236**

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U00000398860
01/31/06-80015-001 508.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE