

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A03000001317

1. Entity Name
RAMIE FAMILY LIMITED PARTNERSHIP



Principal Place of Business
2857 TUPELO RD.
PANAMA CITY, FL 32405

Mailing Address
2857 TUPELO RD.
PANAMA CITY, FL 32405



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006 Chg-LP CR2E003 (11/05)

4. FEI Number
43-2027866

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

RAMIE, GEORGE B
212 UNIT C, EAST BALDWIN RD.
PANAMA CITY, FL 32405

Name **GEORGE RAMIE**

Street Address (P.O. Box Number is Not Acceptable)
2857 TUPELO DR

City **PANAMA CITY**

FL

Zip Code
32405

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.

George B. Ramie

George Ramie

4/26/06

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 #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

RAMIE, GEORGE B
2857 TUPELO RD.
PANAMA CITY, FL 32405

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

PARRIS-RAMIE, ISABEL "MARIE"
212 UNIT C, EAST BALDWIN RD.
PANAMA CITY, FL 32405

STREET ADDRESS
 CITY - ST - ZIP

2857 TUPELO DR
PANAMA CITY FL 32405

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300075013953
05/22/06--01011--006 **\$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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Isabel Maria Parris-Ramie

Isabel Maria Parris-Ramie

Daytime Phone #

4/26/06

STAPLE CHECK HERE