

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

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT #A04000000200**

1. Entity Name  
**TMC - MORELLI REAL ESTATE EQUITIES, LIMITED PARTNERSHIP**



Principal Place of Business  
**12157 W. LINEBOUGH AVENUE  
SUITE 320  
TAMPA, FL 33626**

Mailing Address  
**12157 W. LINEBAUGH AVENUE  
SUITE 320  
TAMPA, FL 33626**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172006

Chg-LP

CR2E003 (11/05)

City & State

City & State

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MORELLI, PATRICK  
4515 GEORGE RD  
# 320  
TAMPA, FL 33634**

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 \$500.00**  
**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  
**L02000004275  
MORELLI - TMC REAL ESTATE DEVELOPMENT, LLC  
12157 W. LINEBAUGH AVE  
TAMPA, FL 33626**

STREET ADDRESS

CITY - ST - ZIP

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**000000554148**  
**05/15/06-80079-021 500.00**

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

**4-25-6**