


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JAN 24 AM 9:18

DOCUMENT # A04000000386		
1. Entity Name NELSON KRAUCAK FAMILY LIMITED PATNERSHIP		

Principal Place of Business 11265 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491 US	Mailing Address 11265 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01162006 Chg-LP CR2E003 (11/05)

4. FEI Number APPLIED FOR 73-1698751	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VILLA, MARIVIC 11265 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491

7. Name and Address of New Registered Agent	
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]* DATE 1/17/06

Signature typed or printed name of registered agent and title if applicable.

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 #	KRAUCAK, NELSON	STREET ADDRESS	
NAME	11265 SE SUNSET HARBOR RD	CITY-ST-ZIP	
STREET ADDRESS	SUMMERFIELD, FL 34491		
CITY-ST-ZIP			
DOCUMENT #	VILLA, MARIVIC	STREET ADDRESS	000064999660
NAME	11265 SE SUNSET HARBOR RD	CITY-ST-ZIP	02/01/06--01077--024 ***500.00
STREET ADDRESS	SUMMERFIELD, FL 34491		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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]* DATE 1/17/06 352 750-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE