

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Aug 22, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000000475

1. Entity Name
KOSTAS INVESTMENT PARTNERSHIP, LTD.



Principal Place of Business
**3752 GUMBO LIMBO STREET
BIG PINE KEY, FL 33043**

Mailing Address
**3752 GUMBO LIMBO STREET
BIG PINE KEY, FL 33043**



08032006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0979184

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOONSTRA, ANN
3752 GUMBO LIMBO STREET
BIG PINE KEY, FL 33043**

**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 \$800.00
Due by September 6, 2006**

In accordance with s. 807.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

**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 # **PD4000029448**
NAME **KOSTAS MANAGEMENT COMPANY, INC.**
STREET ADDRESS **3752 GUMBO LIMBO STREET**
CITY-ST-ZIP **BIG PINE KEY, FL 33043**

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IN THIS SPACE**

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08/22/06-80006-006-508.75

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 #

8/4/06 305-942-6545

STAPLE CHECK HERE