

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

DOCUMENT # A04000000614

1. Entity Name

SMIGIEL PARTNERS XXII, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 8:59

Principal Place of Business

7965 LANTANA ROAD
LAKE WORTH FL 33567

Mailing Address

P.O. BOX 540623
LAKE WORTH FL 33545-0623

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 540669

City & State

Zip

Country

City & State

Zip

Country

LAKE WORTH FL
33454 US

[Signature]



1st MOORE

CR2E003 (10/05)

4. FEI Number

51-0503867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARY SMIGIEL, L.C.
7965 LANTANA ROAD
LAKE WORTH FL 33567

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # L93000000238
NAME GARY SMIGIEL, L.C.
STREET ADDRESS 7965 LANTANA ROAD
CITY-ST-ZIP LAKE WORTH FL 33567

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

900069929619
04/10/06--01027--015 **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]

MAR 14 2006

Date

[Signature] 968-3105

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE