

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

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000000824**

1. Entity Name  
**441 PROPERTIES OF ALACHUA, LTD.**



Principal Place of Business  
**14420 NW 151ST BLVD.  
ALACHUA, FL 32615**

Mailing Address  
**P.O. BOX 1990  
ALACHUA, FL 32616**



01232006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0868452**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DARRYL J. TOMPKINS, PA  
14420 NW 151ST BLVD.  
ALACHUA, FL 32615**

**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 fee is 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**

|                |                      |  |
|----------------|----------------------|--|
| DOCUMENT #     | P04000070902         |  |
| NAME           | 441 MANAGEMENT, INC. |  |
| STREET ADDRESS | 14420 NW 151ST BLVD. |  |
| CITY-ST-ZIP    | ALACHUA, FL 32615    |  |
| DOCUMENT #     |                      |  |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| DOCUMENT #     |                      |  |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
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| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| DOCUMENT #     |                      |  |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

U010000401864  
02/02/06-80063-015 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

**James W Shaw** 1/24/06 352-665-8570

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