


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 10 AM 9:11

DOCUMENT # A04000000921 1. Entity Name FLORIDA COACHMAN HOLDINGS, LTD.			
Principal Place of Business 8402 LAUREL FAIR CIR. STE. 205 TAMPA, FL 33610		Mailing Address 8402 LAUREL FAIR CIR. STE. 205 TAMPA, FL 33610	
2. Principal Place of Business <i>9260 Bay Plaza Blvd</i> Suite, Apt. #, etc. <i>501</i>		3. Mailing Address <i>9260 Bay Plaza Blvd</i> Suite, Apt. #, etc. <i>501</i>	
City & State <i>Tampa FL</i> Zip <i>33619</i>		City & State <i>Tampa FL</i> Zip <i>33619</i>	
4. FEI Number 20-1224352		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, NASH II 625 COURT STREET STE 200 CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
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 #	L04000042223	STREET ADDRESS	<i>9260 Bay Plaza Blvd #501</i>
NAME	FLORIDA COACHMAN REALTY, LLC	CITY-ST-ZIP	<i>Tampa FL 33619</i>
STREET ADDRESS	8402 LAUREL FAIR CIR.		
CITY-ST-ZIP	TAMPA, FL 33610		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date _____ Daytime Phone # _____	

STAPLE CHECK HERE