

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001559

1. Entity Name
FRANCES D. HAMILTON PROPERTIES, LTD.



Principal Place of Business
**1211 DURNFORD PLACE
PENSACOLA, FL 32503**

Mailing Address
**1211 DURNFORD PLACE
PENSACOLA, FL 32503**



01122006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2343311

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAMILTON, FRANCES D
1211 DURNFORD PLACE
PENSACOLA, FL 32503**

**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 \$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 # **L04000060475**
NAME **FRANCES D. HAMILTON MANAGEMENT, L.L.C.**
STREET ADDRESS **1211 DURNFORD PLACE**
CITY-ST-ZIP **PENSACOLA, FL 32503**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

Frances D. Hamilton
Frances D. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Managing Member,**

APR 27 2006 (850) 432-9686
Date Day/Time Phone #

Frances D. Hamilton Management, LLC,
General Partner

STAPLE CHECK HERE