

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

**FILED**

06 MAY -1 PM 1:34 -1 PM 1:22  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # A04258**  
 1. Entity Name  
**DON CARTER LANES OF FLORIDA, LIMITED**



Principal Place of Business  
**8501 N. UNIVERSITY DRIVE  
 TAMARAC, FL 33313**

Mailing Address  
**1389 N.W. 136TH AVE.  
 SUNRISE, FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04132006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**59-1579106**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STRICKROOT, JOHN C.  
 FIFTH FLOOR, CITY NATIONAL BANK BUILDING  
 25 WEST FLAGLER STREET  
 MIAMI, FL 33130**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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 #	NAME	STREET ADDRESS	
	POWELL, JOHN JR.		
STREET ADDRESS	6639 EMBASSY COURT	CITY-ST-ZIP	
CITY-ST-ZIP	MAUMEE, OH		
DOCUMENT #	NAME	STREET ADDRESS	
	ROSE, BURTON		
STREET ADDRESS	5580 MONROE ST.	CITY-ST-ZIP	
CITY-ST-ZIP	SYLVANIA, OH		
DOCUMENT #	NAME	STREET ADDRESS	
	ISAN, JERRY		
STREET ADDRESS	2420 NE 27TH ST	CITY-ST-ZIP	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

**300074759703**  
 05/17/06 01025-023 \*\*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:** *Jerry Isan* **Jerry Isan** **4-21-06** **754-846-8400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE