

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 6, 2006**

**DOCUMENT # A05000000224**

1. Entity Name

**DURKEE FAMILY LIMITED PARTNERSHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:42

Principal Place of Business

**2533 SE WELSH STREET  
PORT. ST. LUCIE FL 34984**

Mailing Address

**2533 SE WELSH STREET  
PORT. ST. LUCIE FL 34984**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*[Handwritten signature]*



2nd MOORE

CR2E003 (4/06)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURKEE, ROY  
2533 SE WELSH STREET  
PORT. ST. LUCIE FL 34984**

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

*[Handwritten signature]*

**9-5-06**

DATE

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

☒

**File Now!!! Fee is \$900.00 · Due By September 6, 2006**

**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  
CITY - ST - ZIP

**DURKEE, ROY  
2533 SE WELSH STREET  
PORT. ST. LUCIE FL 34984**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DURKEE, ELIZABETH  
2533 SE WELSH STREET  
PORT. ST. LUCIE FL 34984**

STREET ADDRESS  
CITY - ST - ZIP

**100079874891  
09/15/06--01039--023 \*\*500.00**

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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:**

*[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**9-5-06**

Date

Daytime Phone #

STAPLE CHECK HERE