

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 SEP -6 AM 10:45

**DOCUMENT # A05000000380**

1. Entity Name  
**JERRY L. WALLACE LIMITED PARTNERSHIP**



Principal Place of Business  
**4458 OCEAN VIEW DRIVE  
 DESTIN, FL 32541 US**

Mailing Address  
**4458 OCEAN VIEW DRIVE  
 DESTIN, FL 32541 US**

2. Principal Place of Business

3. Mailing Address

*P.O. Box 7039*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202006

Chg-LP

CR2E003 (11/05)

City & State

City & State

*Destin, FL*

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

*32540*

Country

*US*

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

**DOWD, JOHN R JR.  
 285 HIGHWAY 98 EAST  
 SUITE A  
 DESTIN, FL 32541**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00  
 Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,  
 the limited partnership did not receive the  
 prior notice.

**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 # **L04000090003**  
 NAME **DEALMAKERS SQUARE, LLC**  
 STREET ADDRESS **4458 OCEAN VIEW DRIVE**  
 CITY-ST-ZIP **DESTIN, FL 32541**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000079825150**  
**09/14/06--01041--005 \*\*500.00**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*7-20-06*

Date

Daytime Phone #

STAPLE CHECK HERE

*JERRY WALLACE*