

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01162006 Chg-LP CR2E003 (11/05)

4. FEI Number **61-1486084** Applied For
Not Applicable

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

DOCUMENT #A05000000513

1. Entity Name
GRANDMARK LIMITED PARTNERSHIP



Principal Place of Business
**6409 GRANDMARK DRIVE
OKLAHOMA CITY, OK 73116**

Mailing Address
**6409 GRANDMARK DRIVE
OKLAHOMA CITY, OK 73116**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**GALBRAITH, BRAD A
5150 NORTH TAMiami TRAIL
SUITE 402
NAPLES, FL 34103**

> New address ->

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1045 Crosspointe Drive

Suite **1**

City **Naples** FL Zip Code **34110**

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 #	L05000024867	STREET ADDRESS	
NAME	GRANDMARK MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	6409 GRANDMARK DRIVE		
CITY-ST-ZIP	OKLAHOMA CITY, OK 73116		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: *Dr. Paul E. Lowman* **2/20/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE