

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

**DOCUMENT # A05000001120**

1. Entity Name  
**TRAMMELL HOLDINGS, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**06 MAR -3 AM 10:05**

Principal Place of Business  
 POST OFFICE BOX 652  
 DESTIN, FL 32540 US

Mailing Address  
 POST OFFICE BOX 652  
 DESTIN, FL 32540 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number

20-2957540

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

FOSTER, WILLIAM S  
 909 MAR WALT DRIVE  
 SUITE 1014  
 FORT WALTON BEACH, FL 32547

**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

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 # P05000081509  
 NAME TRAMMELL HOLDINGS, INC.  
 STREET ADDRESS POST OFFICE BOC 652  
 CITY-ST-ZIP DESTIN, FL 32540

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400068092854**  
~~03/20/06-01614-004 \*\*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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/21/06**

Date

Daytime Phone #

**850-837-6366**  
**850-585-0013**