

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 9:10

DOCUMENT # A05000001174

1. Entity Name
BUNTER LIMITED PARTNERSHIP



Principal Place of Business
**6638 NEWPORT LAKE CIRCLE
 BOCA RATON, FL 33496**

Mailing Address
**6638 NEWPORT LAKE CIRCLE
 BOCA RATON, FL 33496**

2. Principal Place of Business

3169 SW RIVERS END WAY
 Suite, Apt. #, etc.

3. Mailing Address

3169 SW RIVERS END WAY
 Suite, Apt. #, etc.

City & State

Palm City, FL
 Zip **34990** Country **Martin**

City & State

Palm City, FL
 Zip **34990** Country **Martin**

04042006 Chg-LP CR2E003 (11/05)

4. FEI Number

53-0897742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**STAUFFER, LARRY
 6638 NEWPORT LAKE CIRCLE
 BOCA RATON, FL 33496**

7. Name and Address of New Registered Agent

Name **LARRY STAUFFER**
 Street Address (P.O. Box Number is Not Recommended) **3169 S.W. RIVERS END WAY**
PALM CITY, FL. 34990
 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 #
 NAME **STAUFFER, LARRY**
 STREET ADDRESS **6638 NEWPORT LAKE CIRCLE**
 CITY-ST-ZIP **BOCA RATON, FL 33496**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **LARRY STAUFFER**
3169 S.W. RIVERS END WAY
 CITY-ST-ZIP **PALM CITY, FL. 34990**

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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

Date

Daytime Phone #

STAPLE CHECK HERE