

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A05000001650

1. Entity Name
PANAMA CITY LAND PARTNERSHIP, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 AUG 22 AM 9:59

Principal Place of Business
**704-708 WEST 15TH STREET
 PANAMA CITY BEACH, FL 32401**

Mailing Address
**704-708 WEST 15TH STREET
 PANAMA CITY BEACH, FL 32401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6200 Lemmon Avenue

Dallas, TX

75209



07282006

Chg-LP

CR2E003 (11/05)

4. FEI Number

20-3346011

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

**SHIPPY, DAREN L ESQ.
 ROSE, SUNDSTROM & BENTLEY, LLP
 2548 BLAIRSTONE PINES DRIVE
 TALLAHASSEE, FL 32301**

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 \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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 # **P05000109762**
 NAME **PANAMA CITY LAND PARTNERSHIP G.P., INC.**
 STREET ADDRESS **704-708 WEST 15TH STREET**
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32401**

STREET ADDRESS

CITY-ST-ZIP

100079218191
08/29/06--01029--014 **900.00

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-14-06

Date

Daytime Phone #

STATE OF FLORIDA