

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000002208

**FILED**  
**Feb 09, 2006**  
**Secretary of State**

**Entity Name:** THE ANN ROSS LEARY FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

P.O. BOX 1503  
FORT MYERS, FL 33902

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1503  
FORT MYERS, FL 33902

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURGES, MARVIN J JR.  
3914 HAROLD AVENUE  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: BURGES, MARVIN J JR.

Address: P.O. BOX 1503

City-St-Zip: FORT MYERS, FL 33902

Document #:

Name: LEARY, ANN R

Address: 401 BRINY AVENUE, APT 601

City-St-Zip: POMPANO BEACH, FL 33062

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: M.J. BURGES, JR.

G.P.

02/09/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date