

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A07236

1. Entity Name
TALLEY BOX COMPANY, LTD.



Principal Place of Business
**900 N. 14TH STREET
LEESBURG, FL 34748**

Mailing Address
**P.O. BOX 490817
LEESBURG, FL 34749-0817**



DO NOT WRITE IN THIS SPACE

01072006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-1311310

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TALLEY, WILLIAM G., JR.
900 N. 14TH STREET
LEESBURG, FL 34748**

**DO NOT WRITE
IN THIS SPACE**

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 # **P95000054724**
NAME **TALLEY ENTERPRISES, INC.**
STREET ADDRESS **2021 WEST TALLEY ROAD**
CITY-ST-ZIP **LEESBURG, FL 32748**

DOCUMENT # **P95000054981**
NAME **WHITE PELICAN ENTERPRISES, INC.**
STREET ADDRESS **4482 SANDPIPER LANE**
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

UN00000451150
03/10/06-80040-010 500.00

**DO NOT WRITE
IN THIS SPACE**

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

2-25-06
Date

352-787-4248
Daytime Phone #

STAPLE CHECK HERE