

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # A13324 Entity Name W. TENN.-APLEYARD ASSOCIATES, LTD.	
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Principal Place of Business 12700 BISCAYNE BLVD., STE. 206 TRANSATLANTIC BANK NORTH MIAMI, FL 33181	Mailing Address 12700 BISCAYNE BLVD., STE. 206 TRANSATLANTIC BANK NORTH MIAMI, FL 33181
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04042006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-1969336	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLDRING, NANCY 13105 ARCHCREEK TERRACE N. MIAMI, FL 33181

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GROSSMAN, ROBERT D. 12700 BISCAYNE BLVD., STE. 206 NORTH MIAMI, FL 33181	STREET ADDRESS CITY-ST-ZIP	000000456785 94722-06-00020 000 500.00
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STAPLE CHECK HERE

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: *Robert D. Grossman* **Robert D. Grossman** **4/4/06** **305-895-700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone