


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A18183</b><br>1. Entity Name<br><b>JIMMY T. PATRONIS FAMILY LIMITED PARTNERSHIP</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>3144 NORTH KINGS DRIVE<br/>PANAMA CITY FL 32405</b> | Mailing Address<br><b>3144 NORTH KINGS DRIVE<br/>PANAMA CITY FL 32405</b> |
|---|---|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E003 (10/05)

4. FEI Number **59-2246497** Applied For Not Applicable

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

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>PATRONIS, JIMMY T.<br/>3144 N. KINGS DR.<br/>PANAMA CITY FL 32405</b> |
|--|

|  |             |
|--|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| 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. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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                            | PATRONIS, JIMMY T.   |
| STREET ADDRESS                  | 3144 N. KINGS DRIVE  |
| CITY-ST-ZIP                     | PANAMA CITY FL 32405 |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |

| 13. ADDRESS CHANGES ONLY |   |
|--------------------------|---|
| STREET ADDRESS           |   |
| CITY-ST-ZIP              | 000000521518<br>05/02/06-80139-009 500.00 |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |

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: Jimmy T. Patronis 4/17/06 850-763-6662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #