

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A19426**

1. Entity Name  
**150 S. PROPERTIES, LTD.**



Principal Place of Business  
**150 S. PALMETTO AVE.  
DAYTONA BEACH, FL 32114**

Mailing Address  
**150 S. PALMETTO AVE.  
DAYTONA BEACH, FL 32114**

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-2505697**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TUMBLESON J. DOYLE  
150 S. PALMETTO AVE. BOX A  
DAYTONA BEACH, FL 32114**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is not acceptable)

City

**FL**

Zip Code

**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**

1100000490807  
04/12/06-00071-015-500.00

**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 # **H47966**  
NAME **150 S. PROPERTY MGMT INC**  
STREET ADDRESS **150 S. PALMETTO AVE.**  
CITY-ST-ZIP **DAYTONA BEACH, FL**

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STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**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

**J. Doyle Tumbleson**

**3/31/06**

**(386) 252-1561**

Date

Daytime Phone #

STAPLE CHECK HERE