

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A20328

1. Entity Name
TAMARAC POINTE, LTD., LIMITED PARTNERSHIP



Principal Place of Business

**400 S. 5TH ST.
4TH FLOOR
COLUMBUS, OH 43215**

Mailing Address

**400 S. 5TH ST.
4TH FLOOR
COLUMBUS, OH 43215**

DO NOT WRITE IN THIS SPACE



01162006, No Chg-LP

CRZE003 (11/05)

4. FEI Number
31-1122045

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MONACO, ROBERT
4331 N. FEDERAL HWY.
SUITE 402-A
FT. LAUDERDALE, FL 33308**

**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 (check one)

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$800.00**

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 #	
NAME	KONTOGIANNIS, GEORGE J
STREET ADDRESS	400 S. 5TH ST., 4TH FLOOR
CITY - ST - ZIP	COLUMBUS, OH
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	

000000417627
02/13/06-80062-015 500.00

**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

Date

Daytime Phone #

1-18-06 (614) 224-2093

STAPLE CHECK HERE