

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A20683

1. Entity Name
WILCOX HOLDINGS, LTD.



Principal Place of Business
**267 JOHN KNOX ROAD
SUITE 100
TALLAHASSEE, FL 32303**

Mailing Address
**267 JOHN KNOX ROAD
SUITE 100
TALLAHASSEE, FL 32303**

FILED
06 AUG 24 PM 1:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



08222006 No Chg-LP CR2E003 (11/05)

4. FEI Number
59-2651871

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILCOX, W. EUGENE
267 JOHN KNOX ROAD
SUITE 100
TALLAHASSEE, FL 32303**

**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 \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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 # **L04000068759**
NAME **WILCOX MANAGEMENT GROUP, LLC**
STREET ADDRESS **267 JOHN KNOX RD SUITE 100**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

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400079217904
08/29/06--01029--007 **500.00

**DO NOT WRITE
IN THIS SPACE**

8/24
W. Eugene Wilcox

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 #

STAPLE CHECK HERE