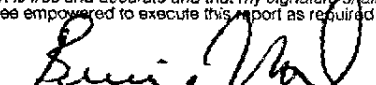


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A22584					
1. Entity Name RECKER PARTNERS, LIMITED					
Principal Place of Business 1025 OLEANDER ST. LAKELAND, FL 33801		Mailing Address 1025 OLEANDER ST. LAKELAND, FL 33801			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2792892	Applied For ☐ Not Applicable
				5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NOEL, BERNIE 1829 GARY ROAD LAKELAND, FL 33801				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 _____ 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					
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		
NAME	WELCH, TIMOTHY J.		CITY- ST- ZIP		
STREET ADDRESS	1025 OLEANDER STREET		STREET ADDRESS		
CITY- ST- ZIP	LAKELAND, FL		CITY- ST- ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	NOEL, BERNIE		CITY- ST- ZIP		
STREET ADDRESS	1829 GARY RD.		CITY- ST- ZIP		
CITY- ST- ZIP	LAKELAND, FL		CITY- ST- ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY- ST- ZIP		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 			4-27-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		



04212006 Chg-LP CRZE003 (11/05)

4. FEI Number
59-2792892

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

**NOEL, BERNIE
1829 GARY ROAD
LAKELAND, FL 33801**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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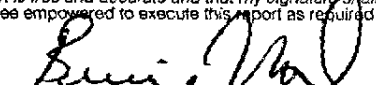
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STREET ADDRESS	1829 GARY RD.	CITY- ST- ZIP	
CITY- ST- ZIP	LAKELAND, FL	CITY- ST- ZIP	
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05/16/06-80003-023 500.00

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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

License Phone #