

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # A22683

1. Entity Name
INTERCHANGE RESORTS ASSOCIATES, LTD.



Principal Place of Business

111 W. FORTUNE ST.
TAMPA, FL 33602

Mailing Address

111 W. FORTUNE ST.
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE



04282006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

59-2357777

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALLEN, DAVID H.
111 W. FORTUNE ST.
TAMPA, FL 33602

**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

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

CALLEN, ROBIN A.

STREET ADDRESS

111 W. FORTUNE ST.

CITY - ST - ZIP

TAMPA, FL

DOCUMENT #

NAME

CALLEN, DAVID H.

STREET ADDRESS

8870 N. HIMES AVE, #242

CITY - ST - ZIP

TAMPA, FL 33614

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

U000000563739
05/20/06-80024-016 500.00

**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 #

5/10/06 813 229-6686

STAPLE CHECK HERE