

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

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A22900**

1. Entity Name  
F.A. ARCHER PARTNERSHIP, LTD.



Principal Place of Business  
% HINKLE & RICHTER  
2600 NE 14TH ST. CAUSEWAY  
POMPANO BEACH, FL 33062

Mailing Address  
% HINKLE & RICHTER  
2600 NE 14TH ST. CAUSEWAY  
POMPANO BEACH, FL 33062

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
31-1188749

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZEIHER, WILLIAM A.  
100 NE THIRD AVE., SUITE 280  
FT. LAUDERDALE, FL 33301

**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]*  
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  
STREET ADDRESS  
CITY - ST - ZIP  
ARCHER, THELMA M.  
2000 S. OCEAN DR. #1510  
FT. LAUDERDALE, FL

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STREET ADDRESS  
CITY - ST - ZIP

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U00000409965  
02/09/06-80017-005 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #