

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A23356

1. Entity Name
CONTINENTAL FLORIDA PARTNERS, LTD.



Principal Place of Business
2255 GLADES ROAD, SUITE 223A
BOCA RATON, FL 33431

Mailing Address
2255 GLADES ROAD, SUITE 223A
BOCA RATON, FL 33431



01052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3379921

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUPPENCE MANAGEMENT CORPORATION
2255 GLADES ROAD, 223A
BOCA RATON, FL 33431

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 # **J35355**
NAME **CONTINENTAL FL. RLTY, COR**
STREET ADDRESS **2255 GLADES RD. #223A**
CITY - ST - ZIP **BOCA RATON, FL 33431**

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U00000531839
05/06/06-80058-019 500.00

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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: *By: CONFIDENTIAL FLORIDA REALTY CORP, G.P.*
CONFIDENTIAL FLORIDA PARTNERS LTD.
By: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE