

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT #A25692

1. Entity Name
POST OFFICE ASSOCIATES, LTD.



Principal Place of Business
200 S. WASHINGTON BLVD., SUITE 8
SARASOTA, FL 34236

Mailing Address
200 S. WASHINGTON BLVD., SUITE 8
SARASOTA, FL 34236



01102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0023883

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

OLIVIERI, N.J.
200 S. WASHINGTON BLVD., SUITE 8
SARASOTA, FL 34236

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.

1100000464836
03/22/06-50011-020 500.00
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
OLIVIERI, N.J.
200 S. WASHINGTON BLVD., SUITE 8
SARASOTA, FL 34236

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
A96000002481
BAND FAMILY PARTNERSHIP, LTD
240 S. PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/10/06
Date

941 365-0450
City/Town Phone #

STAPLE CHECK HERE