

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A27143

1. Entity Name
PICERNE WEST PALM PARTNERS, LTD.



Principal Place of Business
**247 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**ATTN: ROBERT M. PICERNE
247 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**



04192006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0441442

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FILDES, RICHARD J ESQ.
% LOWNDES, DROSDICK, DOSTER, KANTOR ET AL
215 N. EOLA DRIVE
ORLANDO, FL 32801**

**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 date if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**1100000541934
05/10/06-80078-010 500.00**

**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 # **P98000078906**
NAME **PICERNE WEST PALM BEACH DEVELOPMENT, INC.**
STREET ADDRESS **247 N. WESTMONTE DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE