2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED
Jan 18, 2006 08:00 AM
Secretary of State

		Due By May 1, 2006	<u> </u>	Secretary of State
{	DOCU	MENT # A27580]
{	1. Entity Nam			
}	ı	المنظم المنافق والمنظم والمعرفين المناف المراورة المراورة والمنطور والمنطور والمنطور والمنطور والمنطور والمناف		
Ì	Principal Plac	e of Business Mailing Address		
}	7952 INTERSTATE COURT N.E. 4110 CENTER POINT DRIVE NORTH FT. MYERS, FL 33917 FORT MYERS, FL 33916-9424			
}			- 	
}	DO NOT WRITE IN THIS SPACE		01052006 No Chg-LP	
}			4. FEI Number Applied For	
j			65-0090827 - Not Applicable	
}			. =	5. Certificate of Status Desired \$8.75 Additional Fee Required
ì		5. Name and Address of Current Registered Agent	<u> </u>	3,4
- {	FAY, SUS	AN JAME	DO MOT MIDITE	
- {	4110 CEN	TERPOINTE DRIVE, SUITE 207	}	DO NOT WRITE
	FT. MYER	S, FL 33916		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			
}		tions of registered agent.	·,	
Ì	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.			
ł	12.	GENERAL PARTNER INFORMATION	r, an amendmer	nt must be med to change a general partner.
j	DOCUMENT #	P22182		
1	NAME Street address	FLORIDA FREEZER, INC. 4110 CENTER POINTE ORIVE #207		400000330103
}	CITY-ST-ZIP	FT. MYERS, FL 339169424		01/23/06-80011-025 508.75
}	DOCUMENT #			
{	NAME			
}	STREET ADDRESS CITY-ST-ZIP		•	-
STAPLE CHECK HERE	DOCUMENT #			
	NAME			DO NOT WRITE
	STREET ADDRESS CITY-ST-ZIP			
	DOCUMENT #	***************************************	2-	IN THIS SPACE
	NAME			
	STREET ADDRESS CITY ST-ZIP		•	
	DOCUMENT #			
	NAME			
	STREET ADDRESS CITY-ST-ZIP	. 1		
	DOCUMENT #			
	NAME			
	STREET ADDRESS CITY-ST-ZIP		•	
	14. (hereby	certify that the information supplied with this filling does not qualify for the er	xemptions containe	ed in Chapter 119, Florida Statutes. I further certify that the information
}	indicated or the rec	t on this report is true and accurate and that my signature shall have the sam beiver or trustee empowered to execute this report as required by Chapter 62	e legal effect as if n D. Florida Statutes	nade under oath; that I am a General Partner of the limited partnership
}	of Florida Frequent Po			
	SIGNAT	URE: PRO CONTROL OF SOME OF MAINTED NAME OF SIGNING GENERAL PARTNI	w X	1/5/06 239:275:6067
}				Supplies in the second