

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:24

DOCUMENT # A27600 1. Entity Name SPENCER PROPERTIES OF TALLAHASSEE, LTD.					
Principal Place of Business 2004 SARA LEE LANE TALLAHASSEE, FL 32312				Mailing Address P.O. BOX 641 TALLAHASSEE, FL 32302	
2. Principal Place of Business		3. Mailing Address <i>2004 Sara Lee Ln</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Tallahassee, FL</i>			
Zip	Country	Zip <i>32312</i>	Country <i>LEON</i>	4. FEI Number 59-2943380	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPENCER MILLER, SANDRA 2004 SARA LEE LANE TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P05000111133 SPENCER PROPERTY MANAGEMENT COMPANY, INC. 2004 SARA LEE LANE TALLAHASSEE, FL 32312		STREET ADDRESS CITY-ST-ZIP		
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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: <i>Sandra S Miller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <i>4-11-06</i> Daytime Phone #		

[Handwritten mark]



04112006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-2943380 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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STREET ADDRESS	2004 SARA LEE LANE		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		
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SIGNATURE: *Sandra S Miller* Date *4-11-06* Daytime Phone #

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