

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A27826**

1. Entity Name  
**THE JAY M. MAGGIORE FAMILY LIMITED PARTNERSHIP**  
**"C"**



Principal Place of Business  
**5619 GULF DRIVE**  
**PANAMA CITY BEACH, FL 32408**

Mailing Address  
**5619 GULF DRIVE**  
**PANAMA CITY BEACH, FL 32408**



04162006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. **65-0083348**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**MAGGIORE, JAY M.**  
**5619 GULF DRIVE**  
**PANAMA CITY BEACH, FL 32408**

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MAGGIORE, JAY M.**  
**5619 GULF DRIVE**  
**PANAMA CITY BCH, FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000521611  
05/02/06-80143-005 500.00

**DO NOT WRITE**  
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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.

*certified # 7005 310 8001 7294 7951*

**SIGNATURE:** *JM*

*Jay M. Maggiore, General Partner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/17/06*  
Date

*850.234842*  
Daytime Phone #

STAPLE CHECK HERE