

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A29426 1. Entity Name FINKS FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 1000 COUNTY RD. 846 EAST IMMOKALEE, FL 34142			Mailing Address 1000 COUNTY RD. 846 EAST IMMOKALEE, FL 34142		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0115127	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FINKS, GLENN 1000 COUNTY RD. 846 EAST IMMOKALEE, FL 34142				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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	<div style="border: 1px solid black; padding: 2px;"> 1100000444920 03/07/06-80021-023 500.00 </div>	
NAME	FINKS, CHARLES DONALD	1000 COUNTY RD. 846 EAST	IMMOKALEE, FL 34142		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
NAME	FINKS, CHARLES GLENN	1000 COUNTY RD. 846 EAST	IMMOKALEE, FL 34142		
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STREET ADDRESS					
CITY-ST-ZIP					
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: v Glenn Finks 1/18/06 239-657-3181					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE