

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A30151

1. Entity Name
WHITE PROPERTIES, LIMITED, OF PINELLAS COUNTY



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUL 13 PM 8:47

Principal Place of Business
**113 MARINA DEL REY CT.
 CLEARWATER, FL 33767**

Mailing Address
**113 MARINA DEL RAY CT.
 CLEARWATER, FL 33767**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number

38-2093227

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, STEVEN R.
 113 MARINA DEL RAY CT.
 CLEARWATER, FL 33767**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
 Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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
**WHITE, STEVEN R.
 113 MARINA DEL REY CT.
 CLEARWATER, FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**WHITE, MARY ANN
 113 MARINA DEL REY CT.
 CLEARWATER, FL 33767**

STREET ADDRESS

CITY-ST-ZIP

**400077737954
 07/19/06--01059--011 **500.00**

DOCUMENT #
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7-11-06 727 5950743

STAPLE CHECK HERE