

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JAN 18 AM 11:16

**DOCUMENT # A30586**

1. Entity Name  
 THE STERN SECOND FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
 16301 SONSOLES DRIVE-AVILA  
 TAMPA, FL 33613

Mailing Address  
 16301 SONSOLES DRIVE-AVILA  
 TAMPA, FL 33613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006

Chg-LP

CR2E003 (11/05)

4. FEI Number

59-3024860

Applied For

Not Applicable

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

STERN, CHARLES A.  
 16301 SONSOLES DRIVE-AVILA  
 TAMPA, FL 33613

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**  
**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

STERN, CHARLES A.  
 16301 SONSOLES DR.-AVILA  
 TAMPA, FL

STREET ADDRESS

CITY-ST-ZIP

500065000085

02/01/06--01079--004 \*\*500.00

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STERN, LOIS B.  
 16301 SONSOLES DR.-AVILA  
 TAMPA, FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

*C. Stern* C. STERN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-13-06

Date

813  
 928-8860

Daytime Phone #

STAPLE CHECK HERE