

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

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A31463**

1. Entity Name  
**VIRGINIA/ILLINOIS, LTD.**



Principal Place of Business  
**1928 TYLER ST.  
HOLLYWOOD, FL 33020**

Mailing Address  
**1928 TYLER ST.  
HOLLYWOOD, FL 33020**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172006

Chg-LP

CR2E003 (11/05)

4. FEI Number

**65-0239619**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEBIANCHI, VICTOR P JR  
1720 HARRISON ST., 6 CE  
HOLLYWOOD, FL 33020**

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

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 # **F93000005500**  
NAME **SIX L, INC.**  
STREET ADDRESS **1928 TYLER ST.**  
CITY- ST- ZIP **HOLLYWOOD, FL 33020**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

**000000424020**  
**02/18/06-80032-005 500.00**

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:

*Carol Legg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/17/06 954-927-1654**

Date

Daytime Phone #

STAPLE CHECK HERE