

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A31633

1. Entity Name
SAMUEL-JEAN ENTERPRISES, LTD.



Principal Place of Business
**161 BATHCLUB CIRCLE SOUTH
NORTH REDINGTON BEACH, FL 33708**

Mailing Address
**P.O. BOX 767
KANKAKEE, IL 60901**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-LP

CR2E003 (11/05)

4. FET Number
59-3072151

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AZZARELLI, SAMUEL J.
161 BATHCLUB CIRCLE SOUTH
NORTH REDINGTON BEACH, FL 33708**

**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

1100003505648
04/26/06-80124-003 500.00

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
**AZZARELLI, SAMUEL J.
161 BATHCLUB CIRCLE SOUTH
NORTH REDINGTON BEACH, FL 33708**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**AZZARELLI, JEAN T.
161 BATHCLUB CIRCLE SOUTH
NORTH REDINGTON BEACH, FL 33708**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Sam J. Azzairelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-17-06

815-937-8700

Date

Daytime Phone #

STAPLE CHECK HERE