

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 10 AM 9:07

DOCUMENT # A93000001224

1. Entity Name
 ATLANTIC TRUSS COMPANY, LTD.



Principal Place of Business
 2700 W CYPRESS CREEK RD
 D-122
 FT. LAUDERDALE, FL 33309

Mailing Address
 2700 W CYPRESS CREEK RD
 D-122
 FT. LAUDERDALE, FL 33309

2. Principal Place of Business
 2590 N. KINGS HWY
 Suite, Apt. #, etc.

3. Mailing Address
 2590 N. KINGS HWY
 Suite, Apt. #, etc.

City & State
 Ft. Pierce, FL

City & State
 Ft. Pierce, FL

Zip Country
 34951 USA

Zip Country
 34951 USA

02072006 Chg-LP CR2E003 (11/05)

4. FEI Number
 65-0340350

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

ASMUS, STEWART A
 135 N.W. 99 WAY
 CORAL SPRINGS, FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

2590 N. KINGS HWY

City Ft. Pierce

FL

Zip Code 34951

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 # P93000006517
 NAME ATLANTIC TRUSS COMPANY
 STREET ADDRESS 2700 W CYPRESS CREEK RD D-122
 CITY-ST-ZIP FORT LAUDERDALE, FL 33309

STREET ADDRESS 2590 N. KINGS HWY
 CITY-ST-ZIP Ft. Pierce, FL 34951

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

STEWART ASMUS

Date

X2-17-06

772-465-7073

Daytime Phone #

STAPLE CHECK HERE