

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # A93000001289

1. Entity Name

BRANNEN FAMILY LIMITED PARTNERSHIP III



Principal Place of Business

320 U.S. HIGHWAY 41, SOUTH
INVERNESS, FL 34450

Mailing Address

320 U.S. HIGHWAY 41, SOUTH
INVERNESS, FL 34450



01182006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3213598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANNEN, JOSEPH S
320 U.S. HIGHWAY 41, SOUTH
INVERNESS, FL 34450

**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

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

BRANNEN, JOSEPH S

STREET ADDRESS

320 US HIGHWAY 41, SOUTH

CITY-ST-ZIP

INVERNESS, FL 344504901

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CITY-ST-ZIP

1100000407331
02/08/06-80014-001 500.00

**DO NOT WRITE
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.

Joseph S. Brannen

General Partner

01/23/2006

(352) 726-9001

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE