

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 10 AM 10:51

DOCUMENT # A93000001301

1. Entity Name
 DENNIS C. ROSS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 4560 N. HWY. US 1
 BUNNELL, FL 32110

Mailing Address
 4560 N. HWY. US 1
 BUNNELL, FL 32110

2. Principal Place of Business
 400 SOUTH BAY ST
 Suite, Apt. #, etc.

3. Mailing Address
 400 SOUTH BAY ST
 Suite, Apt. #, etc.



03012006 Chg-LP CR2E003 (11/05)

City & State
 BUNNELL FL
 Zip 32110 Country

City & State
 BUNNELL FL
 Zip 32110 Country

4. FEI Number 59-3212786 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSS, DENNIS C
 4560 N. HWY. US 1
 BUNNELL, FL 32110

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 400 SOUTH BAY ST
 City BUNNELL FL Zip Code 32110

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] DENNIS ROSS 2/28/06
 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 ROSS, DENNIS C
 STREET ADDRESS 4560 N. HWY. US 1
 CITY-ST-ZIP BUNNELL, FL 32110

STREET ADDRESS 400 SOUTH BAY ST
 CITY-ST-ZIP BUNNELL FL 32110

DOCUMENT #
 NAME TRAUSSNECK, PAMELA G
 STREET ADDRESS 4560 N. HWY. US 1
 CITY-ST-ZIP BUNNELL, FL 32110

STREET ADDRESS 400 SOUTH BAY ST
 CITY-ST-ZIP BUNNELL FL 32110

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS 400068094594
 CITY-ST-ZIP 03/29/05 01016 012 **500.00

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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] PAMELA TRAUSSNECK 2/28/06 386 437 0103
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE