

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A94000000765

1. Entity Name
REIBER ENTERPRISES, LTD.



Principal Place of Business
**3000 EAST FLETCHER AVE., SUITE 230
TAMPA, FL 33613**

Mailing Address
**3000 EAST FLETCHER AVE., SUITE 230
TAMPA, FL 33613**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 19 AM 9:10

DO NOT WRITE IN THIS SPACE

01102006 No Chg-LP CR2E003 (11/05)

4. FEI Number
59-3252476

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REIBER, E. WILLIAM
3000 EAST FLETCHER AVE., SUITE 230
TAMPA, FL 33613**

**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
STREET ADDRESS
CITY - ST - ZIP
**REIBER, E. WILLIAM
3000 EAST FLETCHER AVE., SUITE 230
TAMPA, FL 33613**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**REIBER, JOAN D
3000 EAST FLETCHER AVE., SUITE 230
TAMPA, FL 33613**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

000065001510
02/01/06--01081--004 **\$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

SIGNATURE:

Dr. E. W. Reiber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

01-13-06

813
971-2883

STAPLE CHECK HERE