

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A94000001515**

1. Entity Name  
**CLAREMONT ASSOCIATES, L.P.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 19 AM 9:39

Principal Place of Business  
**3177 CHARLES MACDONALD DR.  
SARASOTA, FL 34240**

Mailing Address  
**3177 CHARLES MACDONALD DR.  
SARASOTA, FL 34240**

**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-0541843**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KILAR, CLARE J  
3177 CHARLES MACDONALD DR.  
SARASOTA, FL 34240**

**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 # **P94000082641**  
NAME **SEAHORSE SADDLERY, INC.**  
STREET ADDRESS **3177 CHARLES MACDONALD DR**  
CITY-ST-ZIP **SARASOTA, FL 34240**

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04/11/06-01031-006-\$25.00  
100074618991  
04/11/06--01031--006 \*\*25.00

**DO NOT WRITE  
IN THIS SPACE**

100074618991  
05/31/06--01032--015 \*\*475.00

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:

**Clare J. Kilar**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/8/06

Date

941-377-6233

Daytime Phone #

Clare J. Kilar

STAPLE CHECK HERE