

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Sep 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A94000001572**

1. Entity Name  
**POWERS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**5311 DRUM CASTLE PARKWAY  
SARASOTA, FL 34238**

Mailing Address  
**5311 DRUM CASTLE PARKWAY  
SARASOTA, FL 34238**



08302006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0540523**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**POWERS, ARTHUR J  
5311 DRUM CASTLE PARKWAY  
SARASOTA, FL 34238**

**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.

000000576739  
09/14/06-800628-012 500.00

**FILE NOW!!! FEE IS \$500.00  
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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  
**POWERS, VIRGINIA I  
719 W. MCGRAW  
SEATTLE, WA 98119**

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CITY-ST-ZIP

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CITY-ST-ZIP

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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:**

*Arthur J. Powers, Partner*  
**A. J. Powers, Partner**

**9/9/06**

**352/9362**

STAPLE CHECK HERE