

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000001638

1. Entity Name

DE LA PARTE PARTNERSHIP, LTD.



Principal Place of Business

3435 BAYSHORE BLVD., #1700
TAMPA, FL 33629

Mailing Address

3435 BAYSHORE BLVD., #1700
TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE



03272006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

59-3283650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA PARTE, L. DAVID
3435 BAYSHORE BLVD., #1700
TAMPA, FL 33629

**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 DE LA PARTE, HELEN W
STREET ADDRESS 3435 BAYSHORE BLVD., #1700
CITY-ST-ZIP TAMPA, FL 33629

DOCUMENT #
NAME DE LA PARTE, L. DAVID
STREET ADDRESS 101 E. KENNEDY BLVD., STE. 3400
CITY-ST-ZIP TAMPA, FL 33602

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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U00000554371
05/15/06-80089-016 500.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

Helen W. de la Parte HELEN W. de la PARTE 813-831-7967
4-20-06