

7049 3220 0010 7832 0683

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000001703					
1. Entity Name GREAT POTPOURRI, LTD.					
Principal Place of Business 4525 MYRTLE ST. EDGEWATER, FL 32141			Mailing Address PMB 354 1982 SR 44 NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3298878	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEY, EOGHAN N 4525 MYRTLE ST EDGEWATER, FL 32141				7. Name and Address of Now Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$800.00 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 #	P94000086871	STREET ADDRESS			
NAME	GREAT POTPOURRI, INC.	CITY-ST-ZIP			
STREET ADDRESS	601 W. SEMINOLE BLVD.				
CITY-ST-ZIP	SANFORD, FL 32771				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		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					
Great Potpourri, Inc. Eoghan N Kelley SIGNATURE: _____ 385 345 4811 I, _____, SECRETARY OF STATE, AM SIGNING GENERAL PARTNER					



03222006 Chg-LP CR2E003 (11/05)

4. FEI Number
59-3298878Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLEY, EOGHAN N
4525 MYRTLE ST
EDGEWATER, FL 32141

7. Name and Address of Now Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$800.00

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 # P94000086871
 NAME GREAT POTPOURRI, INC.
 STREET ADDRESS 601 W. SEMINOLE BLVD.
 CITY-ST-ZIP SANFORD, FL 32771

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000000524988
 05/04/06-80011-012 500.00

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Great Potpourri, Inc.
 Eoghan N Kelley

SIGNATURE: _____

385 345 4811

I, _____, SECRETARY OF STATE, AM SIGNING GENERAL PARTNER

Date

Daytime Phone #