

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000001155

1. Entity Name

THE VERZAAL FAMILY LIMITED PARTNERSHIP



Principal Place of Business

**5220 FLAVOR PICT RD.
BOYNTON BEACH FL 33436**

Mailing Address

**P.O. BOX 6206
DELRAY BEACH FL 33482**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E003 (10/05)

City & State

City & State

4. FEI Number

65-0642904

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VERZAAL, ADRIAN R SR.
3150 JASMINE DRIVE
DELRAY BEACH FL 33486**

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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #

NAME

VERZAAL, ADRIAN R SR.

STREET ADDRESS

3150 JASMINE DRIVE

CITY-ST-ZIP

DELRAY BEACH FL 33483

STREET ADDRESS

CITY-ST-ZIP

**000000428371
02/21/06-80063-006 500.00**

DOCUMENT #

NAME

VERZAAL, DALE C

STREET ADDRESS

9569 CALLIANDRA DRIVE

CITY-ST-ZIP

BOYNTON BEACH FL 33436

STREET ADDRESS

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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

SIGNATURE:

A. R. Verzaal
A. R. VERZAAL

2/8/06

561-498-3930

STAPLE CHECK HERE