

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A95000001295

1. Entity Name
C & K MARSHALL ENTERPRISES, LTD.



Principal Place of Business

**16407 AVILA BLVD.
TAMPA, FL 33613**

Mailing Address

**16407 AVILA BLVD.
TAMPA, FL 33613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3337828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, CARLTON F
16407 AVILA BLVD.
TAMPA, FL 33613**

7. Name and Address of New 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 \$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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**MARSHALL, CARLTON F
16312 VILLARREAL DE AVILA
TAMPA, FL 336131070**

STREET ADDRESS

CITY-ST-ZIP

**16407 AVILA BLVD
Tampa, FL. 33613**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**MARSHALL, KATHERINE
16312 VILLARREAL DE AVILA
TAMPA, FL 336131070**

STREET ADDRESS

CITY-ST-ZIP

**16407 AVILA BLVD
Tampa, FL. 33613**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000074660220
05/16/06--01019--023 **\$00.00**

DOCUMENT #

NAME

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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:

Carlton F Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/24/06 813-247-3647

STAPLE CHECK HERE