

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A95000001623

1. Entity Name
AKRA INVESTMENTS, LTD.



Principal Place of Business
3025 HENDRICKS AVE.
JACKSONVILLE, FL 32207

Mailing Address
P.O. BOX 5513
JACKSONVILLE, FL 32247

2. Principal Place of Business
767 Woodland

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sawtee GA

City & State

Zip
30571

Country

Zip

Country

03082006

Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3347291

Applied For
 Not Applicable

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

CRAWFORD, JOHN R
1200 RIVERPLACE BLVD., SUITE 800
JACKSONVILLE, FL 32207

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
AKRA, VINCENT D JR.
3025 HENDRICKS AVE.
JACKSONVILLE, FL 32207

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
WEINTHALER, MARY A
3025 HENDRICKS AVE.
JACKSONVILLE, FL 32207

STREET ADDRESS
 CITY-ST-ZIP

800075015640
05/22/06--01016--013 **500.00

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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:

Timothy D. Allen Jr.

4/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

06 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA



STAPLE CHECK HERE