

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY 31 AM 9:25**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # A95000002047**

1. Entity Name  
**4B FINANCIAL SERVICES, LTD.**



Principal Place of Business  
**1601 MCCLOSKEY BOULEVARD  
TAMPA, FL 33605**

Mailing Address  
**1601 MCCLOSKEY BOULEVARD  
TAMPA, FL 33605**



01192006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3355516**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PERTNOY, SIDNEY M ESQ.  
NATIONSBANK TOWER AT INTERNATIONAL PLACE  
100 S.E. 2ND STREET, 21ST FLOOR  
MIAMI, FL 33131**

**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.

**600075653306**

**05/02/06--11003--1011 \*\*500.00**

**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  
STREET ADDRESS  
CITY-ST-ZIP  
**BARKETT, HARRY J  
1601 MCCLOSKEY BLVD.  
TAMPA, FL 33605**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BARKETT, ANTHONY J  
1601 MCCLOSKEY BLVD.  
TAMPA, FL 33605**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BARKETT, RICHARD A  
1601 MCCLOSKEY BLVD.  
TAMPA, FL 33605**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BARKETT, KENNETH D  
1601 MCCLOSKEY BLVD.  
TAMPA, FL 33605**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 #

**4/19/06**

**813278-1888**

STAPLE CHECK HERE