

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

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000001134**

**1. Entity Name**  
**NORTHUP FAMILY LIMITED PARTNERSHIP**



**Principal Place of Business**  
**3247 ENCLAVE BAY DR**  
**CHATTANOOGA, TN 37415**

**Mailing Address**  
**2077 MISTY SUNRISE TRAIL**  
**SARASOTA, FL 34240**



02282006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0672901**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KRAL, SUSAN**  
**2077 MISTY SUNRISE TR**  
**SARASOTA, FL 34240**

**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.

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**

<b>DOCUMENT #</b>	
<b>NAME</b>	<b>NORTHUP, RONALD S.</b>
<b>STREET ADDRESS</b>	<b>3247 ENCLAVE BAY DR</b>
<b>CITY-ST-ZIP</b>	<b>CHATTANOOGA, TN 37415</b>
<b>DOCUMENT #</b>	
<b>NAME</b>	<b>NORTHUP, DIANE T</b>
<b>STREET ADDRESS</b>	<b>3247 ENCLAVE BAY DR.</b>
<b>CITY-ST-ZIP</b>	<b>CHATTANOOGA, TN 37415</b>
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

000000475837  
04/05/06-80032-021 500.00

**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

3/16/06

941-378-5956

Date

Daytime Phone #

STAPLE CHECK HERE