

FILED
Feb 23, 2006 08:00 AM
Secretary of State

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A96000001146

1. Entity Name
THE WENTZEL FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**4963 SABAL LAKE CIR.
SARASOTA, FL 34238**

Mailing Address
**4963 SABAL LAKE CIR.
SARASOTA, FL 34238**



01242006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0677268

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WENTZEL, EDWIN JR.
4963 SABAL LAKE CIR.
SARASOTA, FL 34238**

**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 date 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**EDWIN WENTZEL, JR., TRUSTEE
4963 SABAL LAKE CIR.
SARASOTA, FL 34238**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**RITA WENTZEL, TRUSTEE
4963 SABAL LAKE CIR.
SARASOTA, FL 34238**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *X Rita Wentzel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 3/1/06 (741) 349-1919

Date

Daytime Phone #

STAPLE CHECK HERE