2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000002002

1. Entity Name

STREIFF FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
7 CROWNHILL CHESTERFIELD MO 63005	7 CROWNHILL CHESTERFIELD MO 63005

1st MOORE CR2E003 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NO-T APPLICABLE ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	STREIFF, RALPH V TRUSTEE	CITY-ST-ZIP	000000456010 04/22/06-80028-020 500.00
STREET ADDRESS	7 CROWNHILL		
CITY-ST-ZIP	CHESTERFIELD MO 63005		
DOCUMENT #		STREET ADDRESS	
NAME	STREIFF, VERA J TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	7 CROWNHILL		
CITY-ST-ZIP	CHESTERFIELD MO 63005		
DOCUMENT #		STREET ADDRESS	
NAME	STREIFF, RALPH V TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	7 CROWNHILL		
CITY-ST-ZIP	CHESTERFIELD MO 63005		
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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.