

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

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # A96000002166

1. Entity Name
H & G CRAMER FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**3155 HYDE PARK PLACE
PENSACOLA, FL 32503**

Mailing Address
**3155 HYDE PARK PLACE
PENSACOLA, FL 32503**



03202006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3411859

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAMER, GAYLE H
3155 HYDE PARK PLACE
PENSACOLA, FL 32503**

**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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

000000476681
04/06/06-80017-019 500.00

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	CRAMER, HARRY R JR.
STREET ADDRESS	3155 HYDE PARK PLACE
CITY - ST - ZIP	PENSACOLA, FL 32503
DOCUMENT #	
NAME	CRAMER, GAYLE H
STREET ADDRESS	3155 HYDE PARK PLACE
CITY - ST - ZIP	PENSACOLA, FL 32503
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

3/20/06

Date

850-435-2546

Daytime Phone #

Gayle Cramer

STAPLE CHECK HERE