

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

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #A96000002210</b> 1. Entity Name <b>PERIWINKLE PARK LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>1119 PERIWINKLE WAY SANIBEL, FL 33957</b>	Mailing Address <b>1119 PERIWINKLE WAY SANIBEL, FL 33957</b>
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03012008 No Chg-LP CR2E003 (11/05)

4. FEI Number  
**59-1808835**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**MUENCH, JERROLD  
665 ANCHOR DR.  
SANIBEL, FL 33957**

**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 agree, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**

**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	<b>MUENCH, JERROLD</b>
STREET ADDRESS	<b>665 ANCHOR DRIVE</b>
CITY-ST-ZIP	<b>SANIBEL, FL 33957</b>
DOCUMENT #	
NAME	<b>MUENCH, RICHARD</b>
STREET ADDRESS	<b>1119 PERIWINKLE WAY</b>
CITY-ST-ZIP	<b>SANIBEL, FL 33957</b>
DOCUMENT #	
NAME	<b>MUENCH, ROBERT</b>
STREET ADDRESS	<b>11291 COMPASS POINT DRIVE</b>
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>
DOCUMENT #	
NAME	<b>JOHNSON, MELISSA</b>
STREET ADDRESS	<b>6500 COUNTRY ROAD 78-W</b>
CITY-ST-ZIP	<b>ALVA, FL 33920</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000469531  
03/27/06-80002-022 500.00

**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: Jerrold Muench Jerrold Muench 3-1-06 239-472-1433