

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000002228 1. Entity Name THE ACKERMAN FAMILY LIMITED PARTNERSHIP, LLLP					
Principal Place of Business 1240 FOX CREEK DRIVE SARASOTA, FL 34240			Mailing Address 1240 FOX CREEK DRIVE SARASOTA, FL 34240		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0714598			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MYERS, TROY H JR. 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237				7. Name and Address of New Registered Agent 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 the 1 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS	DOCUMENT #	NAME	STREET ADDRESS
STREET ADDRESS	1240 FOX CREEK DR	CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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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.

SIGNATURE: Robert H. Ackerman, Trustee **3-21-06** **941-321-4592**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime / home /