

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

**FILED**  
**Aug 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000002322**

1. Entity Name  
**THE CHARLES L. CLEMENTS, JR. FAMILY LIMITED PARTNERSHIP #1**



Principal Place of Business  
**11008 S.W. 77TH COURT CIRCLE  
MIAMI, FL 33156**

Mailing Address  
**11008 S.W. 77TH COURT CIRCLE  
MIAMI, FL 33156**



**DO NOT WRITE IN THIS SPACE**

03312006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

**65-0751614**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**CLEMENTS, CHARLES L III  
9335 S.W. 116TH STREET  
MIAMI, FL 33156**

**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

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 # **P96000094312**  
NAME **CLEMENTS CORPORATION**  
STREET ADDRESS **9335 S.W. 116TH STREET**  
CITY- ST- ZIP **MIAMI, FL 33156**

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08/14/06-80002-001 900.00

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #