

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

DOCUMENT # A97000000136

1. Entity Name

THE DEES-GROSE FAMILY PARTNERSHIP, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:06

Principal Place of Business

1615 17TH ST. WEST
PALMETTO FL 34221

Mailing Address

P.O. BOX 1130
ARCADIA FL 34265

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

65-0717860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEES, JOHN R
1615 17TH ST. WEST
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name JOHN R. DEES

Street Address (P.O. Box Number is Not Acceptable)
4512 17th St. West

City Palmetto

FL

Zip Code

34221

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

John R. Dees
Signature, typed or printed name of registered agent and title if applicable.

JOHN R. DEES Pres. 3/1/06

DATE

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

DOCUMENT # P97000108099
NAME DEES-GROSE RANCH & GROVES, INC.
STREET ADDRESS 1615 17TH ST, WEST
CITY-ST-ZIP PALMETTO FL 34221

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4512 17th St. West
CITY-ST-ZIP Palmetto FL 34221

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS 900068539819
CITY-ST-ZIP 03/23/06--01049--011 **500.00

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STREET ADDRESS
CITY-ST-ZIP

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:

John R. Dees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/1/06

Date

868-990-9517

Daytime Phone #

STAPLE CHECK HERE