

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000742

1. Entity Name
241 DEVELOPMENT LIMITED PARTNERSHIP



Principal Place of Business
**4 LAGUNA STREET, SUITE 201
FORT WALTON BEACH, FL 32548**

Mailing Address
**4 LAGUNA STREET, SUITE 201
FORT WALTON BEACH, FL 32548**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number
59-3439522

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWEIZER, W. TODD
4 LAGUNA STREET, SUITE 201
FORT WALTON BEACH, FL 32548**

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **A94000000322**
NAME **SCHWEIZER & SCHWEIZER LIMITED PARTNERSHIP**
STREET ADDRESS **4 LAGUNA STREET, SUITE 201**
CITY - ST - ZIP **FORT WALTON BEACH, FL 32548**

STREET ADDRESS

CITY - ST - ZIP

1100000113985
02/11/06-80017-016 500.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-6-06 850-301-0179

STAPLE CHECK HERE