

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000774 1. Entity Name MARY K. HELLER FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 222 S. PENNSYLVANIA AVENUE SUITE 200 WINTER PARK, FL 32789	Mailing Address 222 S. PENNSYLVANIA AVENUE SUITE 200 WINTER PARK, FL 32789
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01112006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3440880	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SALTSMAN, ROBERT P 222 S. PENNSYLVANIA AVENUE SUITE 200 WINTER PARK, FL 32789

**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 _____
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**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

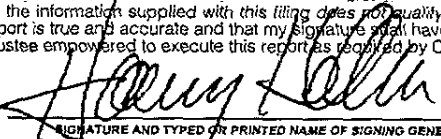
**1100000389823
11/20/06-R0061-021 500.00**

**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 #	P96000096580
NAME	RHH COMPANY
STREET ADDRESS	288 NINTH STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
DOCUMENT #	P97000008125
NAME	L.H. KAMM, INC.
STREET ADDRESS	188 E. 70TH ST., #24-C
CITY-ST-ZIP	WASHINGTON, DC 20037
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/9/06
Date

Daytime Phone #

STAPLE CHECK HERE