

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED (306)
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001009

1. Entity Name
VERO BEACH LANDINGS LIMITED PARTNERSHIP



Principal Place of Business
**721 NE 3RD AVE.
FORT LAUDERDALE, FL 33304**

Mailing Address
**721 NE 3RD AVE.
FORT LAUDERDALE, FL 33304**



04212006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0757358

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOERING, RALPH H
PALMETTO STATES PROPERTIES
721 NE 3RD AVENUE
FORT LAUDERDALE, FL 33304**

**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**

11/08/05 5:35AM
15/08/06 00059-005 500.00

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 # **P95000083892**
NAME **PALMETTO STATES PROPERTIES, INC.**
STREET ADDRESS **721 NE 3RD AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

DOCUMENT # **P97000032057**
NAME **SUNBELT PROPERTY INVESTORS, INC.**
STREET ADDRESS **2818 NE 28TH ST**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33306**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

STAPLE CHECK HERE