


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001044 1. Entity Name HOSTETTER FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 1747 W. DEL WEBB BLVD SUN CITY CENTER, FL 33573	Mailing Address % CHARLES T. HOSTETTER 1747 W. DEL WEBB BLVD SUN CITY CENTER, FL 33573
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02202006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-7094063	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOSTETTER, CHARLES T 1747 W. DEL WEBB BLVD SUN CITY CENTER, FL 33573
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and the applicable

**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 #	
NAME	HOSTETTER, CHARLELS T TRUSTEE
STREET ADDRESS	1747 W. DEL WEBB BLVD
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
DOCUMENT #	
NAME	HOSTETTER, ROBERT R
STREET ADDRESS	300 BERNICE STREET
CITY-ST-ZIP	ROME CITY, IN 46784
DOCUMENT #	
NAME	MARLOW, CAROL A
STREET ADDRESS	3803 S.W. ORCHARD STREET
CITY-ST-ZIP	SEATTLE, WA 98126
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/06 80014-012 500.00

**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: Carol A. Marlow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/25/06
Date

Daytime Phone #

STAPLE CHECK HERE