

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001057**

1. Entity Name  
**BOLLINGER PROPERTIES, LTD.**



Principal Place of Business  
**4401 GULF SHORE BLVD., PH 8  
NORTH NAPLES, FL 33940**

Mailing Address  
**P.O. BOX 22345  
LOUISVILLE, KY 40252-0345**



03302006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3452089**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOLLINGER, PAUL PARKER SR.  
4401 GULF SHORE BLVD., PH 8, NORTH  
NORTH NAPLES, FL 33940**

**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.

**000000503561**  
**04/26/06-80037-013 500.00**  
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**

DOCUMENT #	
NAME	<b>BOLLINGER, PAUL PARKER SR.</b>
STREET ADDRESS	<b>4401 GULF SHORE BLVD., PH 8</b>
CITY-ST-ZIP	<b>NORTH NAPLES, FL 34103</b>
DOCUMENT #	
NAME	<b>PATRICIA SULLIVAN BOLLINGER</b>
STREET ADDRESS	<b>4401 GULF SHORE BLVD., PH 8</b>
CITY-ST-ZIP	<b>NORTH NAPLES, FL 34103</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
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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:**

*Paul Parker Sr. Bollinger, Sr. Partner 4/7/06*

**502-425-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE