

**06 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A97000001132

1. Entity Name

TELLOR FAMILY PARTNERSHIP, LTD.



FILED
SEC. OF STATE
DIVISION OF CORPORATIONS
06 FEB 24 AM 10:33

Principal Place of Business

6411 66TH AVENUE NORTH
PINELLAS PARK FL 33781

Mailing Address

4301 PARK BLVD.
PINELLAS PARK FL 33781

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3446029

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TELLOR, ELIZABETH M
6411 66TH AVENUE NORTH
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name PHYLLIS M. TELLOR

Street Address (P.O. Box Number is Not Acceptable)

4301 PARK BLVD.

City

PINELLAS PARK,

FL

Zip Code

33781

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

Phyllis M. Teller

Signature, typed or printed name of registered agent and title if applicable.

DATE

2-8-06

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 TELLOR, ELIZABETH
STREET ADDRESS 6411 66TH AVENUE NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

DOCUMENT #
NAME TELLOR, PHYLLIS M
STREET ADDRESS 6411 66TH AVENUE NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

DOCUMENT #
NAME P97000042498
STREET ADDRESS TELLOR ASSOCIATES, INC.
CITY-ST-ZIP 6411 66TH AVENUE NORTH
PINELLAS PARK FL 33781

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400067190214

03/07/06-01007-025 **\$500.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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: x

Phyllis M. Teller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/6/06 727-522-6678
Date Daytime Phone #

STAPLE CHECK HERE