

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

DOCUMENT # A97000001265

1. Entity Name

DOUGLASS FAMILY LIMITED PARTNERSHIP



FILED

06 MAY -1 PM 12:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

1801 CARANDIS ROAD
WEST PALM BEACH FL 33406

Mailing Address

1801 CARANDIS ROAD
WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/05)

4. FEI Number

65-0756476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSCO, SAMUEL ROSCOE JR.
3901 S. DIXIE HIGHWAY
WEST PALM BEACH FL 33405

Change Name
&
Correct address

Name

SAMUEL R. TRENT JR

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

1801 Carandis Rd.

City

West Palm Beach

FL

Zip Code

33406

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

Samuel R. Trent Jr GP

Samuel R Trent Jr

April 16, 2006

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

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

TRENT, SAMUEL ROSCOE JR.
1801 CARANDIS RD
WEST PALM BEACH FL 33406

STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

STAPLE CHECK HERE

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:

Samuel R. Trent Jr GP Samuel R Trent Jr

04/16/06

561

965-7757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #