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

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

DOCUMENT # A97000001851

1. Entity Name

TEX A. MERRITT FAMILY PARTNERSHIP, LLLP

Principal Place of Business	Mailing Address
2005 AUSTIN-MERRITT ROAD GROVELAND FL 34736	P.O. BOX 86 OKAHUMPKA FL 34762

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 59-3465694 — Applied For / Not Applic.

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERRITT, TEX A
2005 AUSTIN-MERRITT ROAD
GROVELAND FL 34736

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 title if applicable

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 #		STREET ADDRESS	
NAME	MERRITT, WILLIAM M TRUSTEE		
STREET ADDRESS	1983 BOGGY CREEK RD.		
CITY-ST-ZIP	KISSIMMEE FL 34744	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	H00000014542?6 03/15/06-00007-010 500.00
NAME			
STREET ADDRESS			
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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: [signature] MARK MERRITT 2-27-06 407-847-600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER