

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001958

1. Entity Name
BLOCK FAMILY PARTNERSHIP OF GAINESVILLE, LTD.



Principal Place of Business
**2906 S.W. 2ND AVENUE
GAINESVILLE, FL 32607**

Mailing Address
**2906 S.W. 2ND AVENUE
GAINESVILLE, FL 32607**



03132006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3476704

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLOCK, SEYMOUR S
2906 S.W. 2ND AVENUE
GAINESVILLE, FL 32607**

**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.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

1000000476563
04/06/06-80017-016 500.00

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
STREET ADDRESS
CITY-ST-ZIP
**BLOCK, SEYMOUR S
2906 S.W. 2ND AVENUE
GAINESVILLE, FL 32607**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BLOCK, GERTRUDE H
2906 S.W. 2ND AVENUE
GAINESVILLE, FL 32607**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/15/06

Date

352-372-8194

Daytime Phone ()

STAPLE CHECK HERE