

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

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001983

1. Entity Name
ECKERS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**1200 S.E. NINTH AVENUE
POMPANO BEACH, FL 33060**

Mailing Address
**C/O ROBERT S. ECKERS
1200 S.E. NINTH AVENUE
POMPANO BEACH, FL 33060**



03132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0775480

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ECKERS, ROBERT S
1200 S.E. NINTH AVENUE
POMPANO BEACH, FL 33060**

**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**

**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
**ECKERS, ROBERT S
1200 S.E. NINTH AVENUE
POMPANO BEACH, FL 33060**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BABCOCK, LISA
22810 CHAMPION DR.
LINDALE, TX 75771**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000475946
04/05/06-80037-006 500.00

**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

Date

Daytime Phone #

STAPLE CHECK HERE