

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:55

DOCUMENT # A97000002487

1. Entity Name
SALLS FAMILY LIMITED PARTNERSHIP LLLP



Principal Place of Business
**125 MEADOWS DRIVE
TARPON SPRINGS, FL 34689**

Mailing Address
**125 MEADOWS DRIVE
TARPON SPRINGS, FL 34689**

DO NOT WRITE IN THIS SPACE

02022006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALLS, WAYNE C
125 MEADOWS DRIVE
TARPON SPRINGS, FL 34689**

**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	SALLS, WAYNE C
STREET ADDRESS	125 MEADOWS DRIVE <i>GP</i>
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
DOCUMENT #	
NAME	SALLS, DOROTHY E
STREET ADDRESS	125 MEADOWS DRIVE <i>GP</i>
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400074754664
05/17/06--01017--008 **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: *Wayne C Salls*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/06
Date

727 937 3814
Daytime Phone #

STAPLE CHECK HERE