

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002523

1. Entity Name
ESMS ENTERPRISES, LTD.



Principal Place of Business
10318 ORANGE GROVE DR.
TAMPA, FL 33618

Mailing Address
10318 ORANGE GROVE DR.
TAMPA, FL 33618



01082006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3479878

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

SHAFII, ESFANDIAR
10318 ORANGE GROVE
TAMPA, FL 33618

**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 SHAFII, ESFANDIAR
STREET ADDRESS 10318 ORANGE GROVE
CITY-ST-ZIP TAMPA, FL 33618

DOCUMENT #
NAME SHAFII, MARIAN
STREET ADDRESS 10318 ORANGE GROVE
CITY-ST-ZIP TAMPA, FL 33618

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

100000388789
01/20/06-80019-021 500.00

**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

Marian Shafii MARIAN SHAFII

Date

Daytime Phone #

1/11/2006 813-933-4681

STAPLE CHECK HERE