

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000002543

1. Entity Name
LENHARDT FAMILY LIMITED PARTNERSHIP II



Principal Place of Business
**1472 JORDAN HILLS COURT
 CLEARWATER, FL 33756**

Mailing Address
**1472 JORDAN HILLS COURT
 CLEARWATER, FL 33756**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006

Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3482972

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S
 1245 COURT STREET, SUITE 102
 CLEARWATER, FL 33756**

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

Signature, typed or printed name of registered agent and title if applicable.

900075653529
 06/02/06--01003--002 **500.00
 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L19741**
 NAME **MAGNOLIA GOLF ENTERPRISE CORPORATION**
 STREET ADDRESS **1472 JORDAN HILLS COURT**
 CITY-ST-ZIP **CLEARWATER, FL 33756**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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:

Alten M. Lenhardt General Partner

4/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

06 MAY 31 AM 9:26

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



STAPLE CHECK HERE