

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000688

**Entity Name:** WILKINS PROPERTIES, LTD.

**FILED**  
**Jan 06, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

880 INDIANOLA DRIVE  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

880 INDIANOLA DRIVE  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

**FEI Number:** 59-3499442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILKINS, DON M  
880 INDIANOLA DRIVE  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: WILKINS, DON M TRUSTEE

Address: 880 INDIANOLA DRIVE

City-St-Zip: MERRITT ISLAND, FL 32953

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DON M. WILKINS DDS

TRUS

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date