

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:20

DOCUMENT # A98000000691



1. Entity Name
EHRHART LIMITED PARTNERSHIP

Principal Place of Business
101 WEST VENICE AVENUE, SUITE 10
VENICE, FL 34285

Mailing Address
101 WEST VENICE AVENUE, SUITE 10
VENICE, FL 34285

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072006

Chg-LP

CR2E003 (11/05)

4. FEI Number

65-0821159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTLEY, MICHAEL T
101 WEST VENICE AVENUE, SUITE 10
VENICE, FL 34285

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

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
N. JEAN TRAMMELL, TRUSTEE
101 WEST VENICE AVENUE, SUITE 10
VENICE, FL 34285

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
JEAN R. EHRHART, TRUSTEE
101 WEST VENICE AVENUE, SUITE 10
VENICE, FL 34285

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
MICHAEL T. HARTLEY, TRUSTEE
101 WEST VENICE AVENUE, SUITE 10
VENICE, FL 34285

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/8/06

Date

941-488-7482

Daytime Phone #

STAPLE CHECK HERE