

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000742**

1. Entity Name

TRUM LIMITED PARTNERSHIP



Principal Place of Business

303 VAUGHN ST  
FORT WALTON BEACH, FL 32548

Mailing Address

303 VAUGHN ST  
FORT WALTON BEACH, FL 32548



03082006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

52-2088040

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRUM, ALEX JR  
303 VAUGHN ST  
FORT WALTON BEACH, FL 32548

**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

TRUM, ALEX JR

STREET ADDRESS

303 VAUGHN ST

CITY- ST- ZIP

FORT WALTON BEACH, FL 32548

DOCUMENT #

NAME

TRUM, DONNA

STREET ADDRESS

303 VAUGHN ST

CITY- ST- ZIP

FORT WALTON BEACH, FL 32548

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

1100000461863  
03/21/06-80005-010 500.00

**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 820, Florida Statutes

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

ALEX D TRUM JR 3-8-06 850-862-6069

STAPLE CHECK HERE