

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

**DOCUMENT # A98000001211**

1. Entity Name  
**JRC RICKETTS, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 10 AM 10:49

Principal Place of Business  
~~3920 W. WATROUS AVENUE~~  
~~TAMPA, FL 33629~~  
New Address  
5 TIMBER LANE  
POQUOSON, VA 23662

2. Principal Place of Business  
**4341 WEST WALLACE CIRCLE**

Suite, Apt. #, etc.

City & State  
**TAMPA, FL**

Zip  
**33611**

Country  
**US**

City & State

Zip

Country

03012006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**59-3510746**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RICKETTS, CHESTER E**  
**3920 W. WATROUS AVENUE**  
**TAMPA, FL 33629**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**4341 WEST WALLACE CIRCLE**

City **TAMPA,**

**FL**

Zip Code  
**33611**

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

*Chester E. Ricketts*

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

DATE

3/6/2006

**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	<b>RICKETTS, CHESTER E</b>
STREET ADDRESS	<del>3920 WEST WATROUS AVE.</del>
CITY-ST-ZIP	<b>TAMPA, FL 33629 33611</b>
DOCUMENT #	
NAME	<b>RICKETTS, RODNEY H</b>
STREET ADDRESS	<b>5 TIMBER LANE</b>
CITY-ST-ZIP	<b>POQUOSON, VA 23662</b>
DOCUMENT #	
NAME	<b>RICKETTS, JILL E</b>
STREET ADDRESS	<b>4415 SWANN CIRCLE</b>
CITY-ST-ZIP	<b>TAMPA, FL 33609</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<b>4341 WEST WALLACE CIRCLE</b>
CITY-ST-ZIP	<b>TAMPA, FL 33611</b>
STREET ADDRESS	
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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:**

*R. Ricketts* **RODNEY H RICKETTS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/2/06

Date

757-868-0198

Daytime Phone #

STAPLE CHECK HERE