


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001234			
1. Entity Name THE VOSCINAR FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 17343 BENESROUSCH ROAD MASARYKTOWN FL 34604		Mailing Address 17343 BENESROUSCH ROAD MASARYKTOWN FL 34604	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent VOSCINAR, STEVE 17343 BENESROUSCH ROAD BROOKSVILLE FL 34604		7. Name and Address of New Registered Agent Name VOSCINAR, STEVE Street Address (P.O. Box Number is Not Acceptable) 17343 BENESROUSCH RD MASARYKTOWN FL 34604	
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		DATE	



1st MOORE CR2E003 (10/05)

4. FEI Number **59-3538808** ☐ Applied For
Not Applied
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	291980 VOSCINAR POULTRY FARM, INC. 17343 BENESROUSCH ROAD MASARYKTOWN FL 34604	STREET ADDRESS CITY-ST-ZIP	000000443321 03/06/06-80001-021 500.00
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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: Steve Voscinar STEVE VOSCINAR 2-18-06 352-799-4186

STAPLE CHECK HERE