

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001701

1. Entity Name
REFLECTIONS OF TAMPA LTD.



Principal Place of Business
20725 SW 46TH AVE.
NEWBERRY, FL 32669

Mailing Address
20725 SW 46TH AVE.
NEWBERRY, FL 32669



01062006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1749610

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, STEFAN M
20725 SW 46TH AVE.
NEWBERRY, FL 32669

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, if Applicable)

City

FL Zip Code

**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 # G72943
NAME EARTHART, INCORPORATED
STREET ADDRESS 20725 SW 46TH AVE
CITY-ST-ZIP NEWBERRY, FL 32669

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

1100000535504
05/08/06-80055-018 500.00

**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 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stefan M. Davis

Date

352-472-7773

Daytime Phone #

STAPLE CHECK HERE