

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001737

1. Entity Name
**THE ANTAEUS LIMITED PARTNERSHIP OF FORT
PIERCE**



Principal Place of Business
**3200 N. A-1-A HI-WAY #710
FT PIERCE, FL 34949**

Mailing Address
**8014 STATE LINE, #203
LEAWOOD, KS 66208**



DO NOT WRITE IN THIS SPACE

03242006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

74-2805489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SNYDER, WILLARD B
3200 N. A-1-A HI-WAY #710
FT PIERCE, FL 34949**

**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
STREET ADDRESS
CITY-ST-ZIP
**SNYDER, WILLARD B
3200 N. A-1-A HI-WAY #710
FT PIERCE, FL 34949**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SNYDER, ROLF D
8014 STATE LINE #203
LEAWOOD, KS 66208**

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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04/29/06-80046-012 500.00^M

**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

Date

Daytime Phone #

STAPLE CHECK HERE