

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001894

1. Entity Name
GRANT INVESTMENTS LIMITED PARTNERSHIP



Principal Place of Business
**10180 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

Mailing Address
**10180 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**



01132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
91-1844382

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRANT, MERRILL A
10180 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

**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
**THE MERRILL GRANT FAMILY TRUST
10180 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**THE DESPINA GRANT FAMILY TRUST
10180 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

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

**DO NOT WRITE
IN THIS SPACE**

U000000424894
02/18/06-80071-001 500.00

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

1/29/06 321-779-1337
Date Daytime Phone #

STAPLE CHECK HERE