

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

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #A98000002000**

1. Entity Name  
**THE ANDRIS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**3079 N JEFFERSON STREET  
MONTICELLO, FL 32344**

Mailing Address  
**P.O. BOX 500  
MONTICELLO, FL 32345**



01202006 No Chg-LP

CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3534584**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ANDRIS, STEVE  
3079 N JEFFERSON STREET  
MONTICELLO, FL 32344**

**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  
**SNELGROVE, MARY TRUSTEE  
1015 SOUTH MULBERRY STREET  
MONTICELLO, FL 32344**

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STREET ADDRESS  
CITY-ST-ZIP

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1107007440214  
03/02/06 80033-003 500.00

**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:** *Mary Snelgrove* **Mary Snelgrove, Trustee** **02/16/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE