

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002083

1. Entity Name
DEALEXANDRIS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**3603 EDGEWATER DRIVE
SEBRING, FL 33872**

Mailing Address
**% PURCELL, FLANAGAN & HAY, P.A.
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204**



01162006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0863285

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEALEXANDRIS, ROBERT A
3603 EDGEWATER DRIVE
SEBRING, FL 33872**

**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 Robert A. DeAlexandris
Signature, typed or printed name of registered agent and title if applicable.

2/14/06
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
**DEALEXANDRIS, ROBERT A TRUSTEE
3603 EDGEWATER DRIVE
SEBRING, FL 33872**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**DEALEXANDRIS, SHARON A TRUSTEE
3603 EDGEWATER DRIVE
SEBRING, FL 33872**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
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U00000557912
05/17/06-80065-021 500.00

**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: Robert A. DeAlexandris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/14/06
Date

843-466-0230
Daytime Phone #

ROBERT A. DEALEXANDRIS

STAPLE CHECK HERE