

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

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002926**

1. Entity Name  
**SAN RAFAEL PARTNERS, LTD.**



Principal Place of Business

**4943 SAN RAFAEL  
TAMPA, FL 33629**

Mailing Address

**4943 SAN RAFAEL  
TAMPA, FL 33629**

**DO NOT WRITE IN THIS SPACE**



02202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

**59-3551352**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, JERRY L  
4943 SAN RAFAEL  
TAMPA, FL 33629**

**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  
**WILLIAMS, JERRY L  
4943 SAN RAFAEL  
TAMPA, FL 33629**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WILLIAMS, JANE J  
4943 SAN RAFAEL  
TAMPA, FL 33629**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000444899  
113/07/06-80021-013 500.00

**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

Date

Daytime Phone #

**2-21-06 813-286-0770**

STAPLE CHECK HERE