

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000177

1. Entity Name
DONLEY FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**2235 CRUMP ROAD
WINTER HAVEN, FL 33881**

Mailing Address
**2235 CRUMP ROAD
WINTER HAVEN, FL 33881**



04262006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1138221	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DONLEY, TERRY W
2235 CRUMP ROAD
WINTER HAVEN, FL 33881**

**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**

**U00000541645
05/10/06-00066-005 500.00**

**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	DONLEY, TERRY W
STREET ADDRESS	2235 CRUMP ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33881

DOCUMENT #	
NAME	DONLEY, ROGER
STREET ADDRESS	2235 CRUMP ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33881

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

4-26-06

Date

803-324-4504

Overtime Phone #

STAPLE CHECK HERE