

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000178

1. Entity Name

ROGERS & MALLETT LTD.



Principal Place of Business

**5703 MAIN STREET
NEW PORT RICHEY, FL 34652**

Mailing Address

**5703 MAIN STREET
NEW PORT RICHEY, FL 34652**



04252006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3633195

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MALLETT, LESTER
5703 MAIN STREET
NEW PORT RICHEY, FL 34652**

**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

ROGERS, ALTON D TRUSTEE

STREET ADDRESS

5703 MAIN STREET

CITY-ST-ZIP

NEW PORT RICHEY, FL 34652

DOCUMENT #

NAME

MALLETT, LESTER TRUSTEE

STREET ADDRESS

5703 MAIN STREET

CITY-ST-ZIP

NEW PORT RICHEY, FL 34652

DOCUMENT #

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

11111111554903
05/16/06-80012-011 500.00

**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

Lester Mallett

Date

5/26/06

(727) 847-2100

Daytime Phone #

STAPLE CHECK HERE