

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000297

1. Entity Name
MONROE PARTNERS, LTD.



Principal Place of Business
**U.S. #1 AND COLORADO AVENUE
STUART, FL 34995**

Mailing Address
**C/O DALE HUDSON
P.O. BOX 9012
STUART, FL 34995-9012**

DO NOT WRITE IN THIS SPACE



03142006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0898000

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUDSON, DALE M
U.S. #1 AND COLORADO AVENUE
STUART, FL 34995**

**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
**HUDSON, DALE M
U.S. #1 AND COLORADO AVENUE
STUART, FL 34995**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUDSON, MARY T
U.S. #1 AND COLORADO AVENUE
STUART, FL 34995**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000491398
04/19/06-80020-014 500.00

**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

3-31-06
Date

772-288 6061
Clerk's Phone #

STAPLE CHECK HERE