

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:23

DOCUMENT # A99000001657

1. Entity Name
WHITEHALL PARTNERS, LTD.



Principal Place of Business
1700 S. MACDILL AVENUE
SUITE 220
TAMPA, FL 33629

Mailing Address
1700 S. MACDILL AVENUE
SUITE 220
TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

02012006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3602271

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, MICHAEL S
1700 S. MACDILL AVENUE
SUITE 220
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
MURRAY, MICHAEL S
1700 S. MACDILL AVENUE, #220
TAMPA, FL 33629

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
MURRAY, ALLISON P
1700 S. MACDILL AVENUE, #220
TAMPA, FL 33629

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

500069073935
03/31/06--01003--006 **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 #

3/7/06 813-223-424

STAPLE CHECK HERE