

\$900.00

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A99000001922

1. Entity Name
CLARMART II LIMITED PARTNERSHIP



FILED

06 AUG 23 AM 9:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**24525 CR 44A
EUSTIS, FL 32736**

Mailing Address
**PO BOX 520
SORRENTO, FL 32776**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112006 Chg-LP CR2E003 (11/05)

4. FEI Number

59-3623193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FORD, ALBERT E II, ESQ
270 WAYMONT CT #110
LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent

Name **MARK CARSON**

Street Address (P.O. Box Number is Not Acceptable)

24525 CR-44A

City **EUSTIS**

FL

Zip Code

32736

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 **MARK R CARSON**
Res. Rep'd Renewal - GP.

5-1-06
DATE

FILE NOW!!! FEE IS \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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 # **P99000095502**
NAME **LAZAAN INVESTMENTS, INC.**
STREET ADDRESS **24525 CR 44A**
CITY-ST-ZIP **EUSTIS, FL 32736**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900079213578
08/29/06--01016--022 **3711.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 #

5-1-06 352351580

STAPLE CHECK HERE