

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000002023**

1. Entity Name  
**G. & A. WRIGHT LIMITED PARTNERSHIP**



Principal Place of Business  
**901 NW 57TH STREET  
GAINESVILLE FL 32605**

Mailing Address  
**1002 N.W. 41ST DRIVE  
GAINESVILLE FL 32605**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

1st MOORE CR2E003 (10/05)

4. FEI Number **59-3613392** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOVAY, JOHN C  
901 NW 57TH STREET  
GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ DATE **03/11/2006**  
Signature, typed or printed name of registered agent and title if applicable

**000000451990**  
**03/11/2006-00004-004 500.00**

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>WRIGHT, GEORGE W TRUSTEE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>901 NW 57TH ST.</b>		
CITY-ST-ZIP	<b>GAINESVILLE 32 60505</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>WRIGHT, ANN C TRUSTEE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>901 NW 57TH ST.</b>		
CITY-ST-ZIP	<b>GAINESVILLE FL 00505</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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:** George Wright Ann C Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Overseas Phone #

STAPLE CHECK HERE