


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

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000002226					
1. Entity Name THE ARNOLD FAMILY LAND LIMITED PARTNERSHIP					
Principal Place of Business 5323 BROWN STREET GRACEVILLE FL 32440			Mailing Address P.O. BOX 155 GRACEVILLE FL 32440		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 62-1810504	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARNOLD, WILLIAM H 3823 HIGHWAY 2 GRACEVILLE FL 32440				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



1st MOORE CR2E003 (10/05)

4. FEI Number **62-1810504**

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

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. * 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 #	NAME	STREET ADDRESS	
NAME	ARNOLD, WILLIAM H	CITY-ST-ZIP	
STREET ADDRESS	3823 HIGHWAY 2		
CITY-ST-ZIP	GRACEVILLE FL 32440		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	U00000532485
STREET ADDRESS			05/06/06-80067-024-500.00
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:

William H. Arnold William H. Arnold 4-19-06 850-263-3271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #