

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

DOCUMENT # B00000000190

1. Entity Name  
VORSHECK FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
9293 WINFIELD COURT  
WEEKI WACHEE, FL 34613

Mailing Address  
9293 WINFIELD COURT  
WEEKI WACHEE, FL 34613

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**06 MAY 31 AM 11:53**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



05162006 No Chg-LP CR2E003 (11/05)

4. FEI Number 22-3657952	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \$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 #	
NAME	VORSHECK & COMPANY, L.L.C.
STREET ADDRESS	9293 WINFIELD COURT
CITY - ST - ZIP	WEEKI WACHEE, FL 34613

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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: \_\_\_\_\_

*Elizabeth A. Vorseck*  
ELIZABETH A. VORSECK  
AGENT FOR GP

5-16-06

352-592-6233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE