

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # B04000000090

1. Entity Name

TREESOURCE, LLLP, OF GEORGIA, LTD.



Principal Place of Business

P.O. BOX 80017
INDIANAPOLIS, IN 46280

Mailing Address

P.O. BOX 80017
INDIANAPOLIS, IN 46280



01092006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

35-2015361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

HACKL, A.J.

STREET ADDRESS

PO BOX 832

CITY-ST-ZIP

LAKE WALES, FL 33859

DOCUMENT #

NAME

HACKL, CHRISTINE M

STREET ADDRESS

PO BOX 832

CITY-ST-ZIP

LAKE WALES, FL 33859

DOCUMENT #

NAME

WALSH, CHRISTINE

STREET ADDRESS

10629 WALNUT CREEK DRIVE

CITY-ST-ZIP

CARMEL, IN 46032

DOCUMENT #

NAME

WALSH, MICHAEL STEVEN

STREET ADDRESS

10629 WALNUT CREEK DRIVE

CITY-ST-ZIP

CARMEL, IN 46032

DOCUMENT #

NAME

HACKL, ALBERT JAMES JR

STREET ADDRESS

5278 JEFFERSON ROUNDABOUT

CITY-ST-ZIP

CARMEL, IN 46033

DOCUMENT #

NAME

HACKL, MARGUERITE

STREET ADDRESS

5278 JEFFERSON ROUNDABOUT

CITY-ST-ZIP

CARMEL, IN 46033

000000434351
02/24/06-80060-007 500.00

**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:

Albert James Hackl Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/8/06 317 571 2356
Date Daytime Phone #