

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # B93000000555

1. Entity Name
GILLUND FAMILY LIMITED PARTNERSHIP



Principal Place of Business
%WENDELL D. GILLUND
3971 GULF SHORE BLVD. NORTH, #904
NAPLES, FL 34103

Mailing Address
%WENDELL D. GILLUND
3971 GULF SHORE BLVD. NORTH, #904
NAPLES, FL 34103



02112006 No Chg-LP

CRZE003 (11/05)

4. FEI Number
34-1755413

Applied For
Not Applicable

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

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

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILLUND, WENDELL D
3971 GULF SHORE BLVD. NORTH, #904
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box is acceptable)
City
FL Zip Code

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

110000455740
03/15/06-80070-019 500.00
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
STREET ADDRESS
CITY-ST-ZIP

GILLUND, WENDELL D
3971 GULF SHORE BLVD., NORTH UNIT 904
NAPLES, FL 34103

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: Wendell D. Gillund
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-1-06 239-261-8463
Date Daytime Phone #

STAPLE CHECK HERE