

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B98000000328**

1. Entity Name  
**WIMSATT-ON LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address

**4910 BARDSTOWN ROAD**      **4910 BARDSTOWN ROAD**  
**LOUISVILLE, KY 40291**      **LOUISVILLE, KY 40291**



01252006 No Chg-LP      CR2E003 (11/05)

4. FEI Number      Applied For  
**61-1327663**      Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**ELLIS, DEBORAH**  
**943 WEST ORANGE BLOSSOM TRAIL**  
**APOPKA, FL 32712**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	<b>WIMSATT, GEORGE M</b>
STREET ADDRESS	<b>4910 BARDSTOWN ROAD</b>
CITY-ST-ZIP	<b>LOUISVILLE, KY 40291</b>
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000514963  
04/29/06-80191-005 500.00

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: *George Wimsatt*      2/15/06      502 495 2157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #