

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000026

**FILED**  
**Feb 12, 2016**  
**Secretary of State**  
**CC6408890350**

**Entity Name:** GARY AND CONNIE SHARPE FAMILY LIMITED PARTNERSHIP, LTD.

**Current Principal Place of Business:**

605 BOUGAINVILLEA ROAD  
NAPLES, FL 34102

**Current Mailing Address:**

605 BOUGAINVILLEA ROAD  
NAPLES, FL 34102 US

**FEI Number:** 20-4582165

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHARPE, GARY L  
605 BOUGAINVILLEA ROAD  
NAPLES, FL 34102 US

*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.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document #

Name SHARPE, GARY L

Address 605 BOUGAINVILLEA ROAD

City-State-Zip: NAPLES FL 34102

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: GARY L. SHARPE

GP

02/12/2016

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date