


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000028**  
1. Entity Name  
**POSTER BROTHERS, LP**



Principal Place of Business: **2514 N.W. 59 STREET  
BOCA RATON FL 33496**  
Mailing Address: **2514 N.W. 59 STREET  
BOCA RATON FL 33496**



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

1st MOORE CR2E003 (10/05)  
4. FEI Number: **13-4080254** Applied For Not Applicat  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**POSTER, STEVEN  
2514 N.W. 59 STREET  
BOCA RATON FL 33496**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: **03/09/06-80013-004 500.00**

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>POSTER, STEVEN</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2514 N.W. 59 STREET</b>		
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>POSTER, JAY</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2514 N.W. 59 STREET</b>		
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>		
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: **[Signature]** DATE: **2/25/06** Filing Fee: **\$61 962 36**