


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000152

1. Entity Name
ALAN SIRKIN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
3500 SOUTH BAYHOMES DRIVE
COCONUT GROVE, FL 33133

Mailing Address
3500 SOUTH BAYHOMES DRIVE
COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE



02032006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0973837	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ.
C/O NELSON & LEVINE, P.A.
2775 SUNNY ISLES BLVD., SUITE 118
NORTH MIAMI BEACH, FL 33160

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 #	L99000008185
NAME	ALAN SIRKIN FAMILY HOLDINGS, LLC
STREET ADDRESS	3500 SOUTH BAYHOMES DRIVE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000505918
 04/27/06-80001-004 500.00

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/06 **305-665-3349**