

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 27 AM 10:37

DOCUMENT # A01000000640

1. Entity Name
**LUMMIS FAMILY PARTNERSHIP FAMILY LIMITED
PARTNERSHIP**



Principal Place of Business
**12141 SW 95 AVENUE
MIAMI, FL 33176**

Mailing Address
**12141 SW 95 AVENUE
MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE

03022006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-1103626

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERMAN, DAVID M
13500 N KENDALL DR., STE 129
MIAMI, FL 33186**

**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.

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 # **P01000022586**
NAME **LUMMIS CORP.**
STREET ADDRESS **12141 SW 95 AVE.**
CITY - ST - ZIP **MIAMI, FL**

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900069928219
04/10/06--01024--021 **500.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #