

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001206

1. Entity Name
AMSTER FAMILY INVESTMENTS, LTD.



Principal Place of Business
3945 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33160

Mailing Address
3945 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33160



03132006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1141028** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AMSTER, ETHEL
3945 N.E. 167TH STREET
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 #	
NAME	AMSTER FAMILY INVESTMENTS, INC.
STREET ADDRESS	3945 N.E. 167TH STREET
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33160
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 04/11/06-80118-023 500.00

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]* **3-26-06** **305 944 8206**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #