

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 10 AM 11:17

**DOCUMENT # A02000000210**

1. Entity Name  
**THE GENET FAMILY LIMITED PARTNERSHIP NO. 3, LLLP**



Principal Place of Business  
**19080 N.E. 29TH AVE.  
AVENTURA, FL 33180**

Mailing Address  
**19080 N.E. 29TH AVE.  
AVENTURA, FL 33180**

**DO NOT WRITE IN THIS SPACE**

03202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**04-3606776**

Applied For  
Not Applicable

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

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 # **P96000102066**  
NAME **GENET FAMILY HOLDINGS, INC.**  
STREET ADDRESS **19080 N.E. 29TH AVE.**  
CITY-ST-ZIP **AVENTURA, FL 33180**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**800072325418**  
**04/27/06--01021--009 \*\*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 #

**04/03/06 305-933-8700**