

2006 LIMITED PARTNERSHIP ANNUAL REPORT

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FILED
Jul 02, 2006
Secretary of State

Entity Name: M.N.S. FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

2645 SOUTH BAYSHORE DRIVE, UNIT 1803
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2645 SOUTH BAYSHORE DRIVE, UNIT 1803
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 03-0423814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONATHAN H. GREEN & ASSOCIATES, P.A.
799 BRICKELL PLAZA, SUITE 700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: SCHLEIFER, MARTIN TRUSTEE
Address: 2645 SOUTH BAYSHORE DRIVE, UNIT 1803
City-St-Zip: COCONUT GROVE, FL 33133

Document #:

Name: SCHLEIFER, NANCY TRUSTEE
Address: 2645 SOUTH BAYSHORE DRIVE, UNIT 1803
City-St-Zip: COCONUT GROVE, FL 33133

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NANCY SCHLEIFER

Electronic Signature of Signing General Partner

07/02/2006

Date