

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006 -**

DOCUMENT # A0300001246
1. Entity Name
THE FEHLHABER INVESTMENTS FAMILY LIMITED PARTNERSHIP



RECEIVED
STATE
06 FEB 14 AM 11:19

Principal Place of Business
2020 W. MCNAB ROAD
FT. LAUDERDALE FL 33309

Mailing Address
C/O ROBERT F. FEHLHABER
2020 W. MCNAB ROAD
FT. LAUDERDALE FL 33309



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

RF

1st MOORE CR2E003 (10/05)
57-1184790

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|-------------------------|--------------------------|-------------------------------|
| DOCUMENT # | FEHLHABER, ROBERT F | STREET ADDRESS | |
| NAME | 2020 W. MCNAB ROAD | CITY-ST-ZIP | |
| STREET ADDRESS | FT. LAUDERDALE FL 33309 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 500066800325 |
| NAME | | CITY-ST-ZIP | 02/28/06--01017--015 **500.00 |
| STREET ADDRESS | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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: *Jeffrey S Wachs (rp)* 2/2/06 954-971-3821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #