


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

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000001247
1. Entity Name
THE FEHLHABER REAL ESTATE FAMILY LIMITED PARTNERSHIP #1



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



1st MOORE CR2E003 (10/05)
4. FEI Number: **57-1184833** Applied For Not Applied
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FEHLHABER, ROBERT F
2020 W. MCNAB ROAD
FT. LAUDERDALE FL 33309**

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 #	NAME	STREET ADDRESS	STREET ADDRESS	
	FEHLHABER, ROBERT F	2020 W. MCNAB ROAD	CITY - ST - ZIP	
		FT. LAUDERDALE FL 33309		U00000433319
				02/24/06-80013-011 500.00
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
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			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: *Robert F. Fehlhaber* 2/7/06 954-971-3821