

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006


FILED

06 MAY -1 PM 1:44

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A03000001329

1. Entity Name
FLEISSLER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**7517 MAHOGANY BEND PLACE
 BOCA RATON, FL 33434**

Mailing Address
**7517 MAHOGANY BEND PLACE
 BOCA RATON, FL 33434**



2. Principal Place of Business
2820 FAN PALM ROAD

3. Mailing Address
2820 FAN PALM ROAD

State, Apt. #, etc.

04172008 Chg-LP CR2E003 (11/05)

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33432 Country
PALM BEACH

Zip
33432 Country
PALM BEACH

4. FEI Number
42-1606078

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLEISSLER, LORRENCE
 7517 MAHOGANY BEND PLACE
 BOCA RATON, FL 33434**

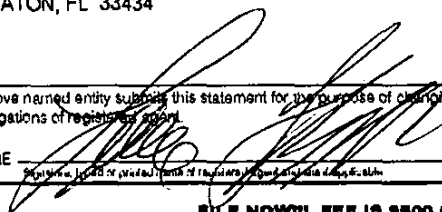
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2820 FAN PALM ROAD

City **BOCA RATON** FL Zip Code **33432**

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  **LORRENCE FLEISSLER, PARTNER** 4/24/06

**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 # **P03000099984**

NAME **FLEISSLER FAMILY CORPORATION**

STREET ADDRESS **7617 MAHOGANY BEND PLACE**

CITY-ST-ZIP **BOCA RATON, FL 33434**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2820 FAN PALM ROAD**

CITY-ST-ZIP **BOCA RATON FL 33432**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

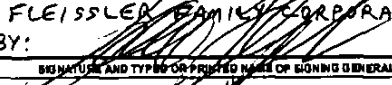
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 provided by Chapter 620, Florida Statutes.

FLEISSLER FAMILY CORPORATION

SIGNATURE BY:  **LORRENCE FLEISSLER** 4/24/06

DATE: 4/24/06

STAPLE CHECK HERE

200074697262
 05/17/06--01004--024 **500.00