


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

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000000039

1. Entity Name
THE SAMOWITZ FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
**250 SOUTH ISLAND
GOLDEN BEACH FL 33160** **250 SOUTH ISLAND
GOLDEN BEACH FL 33160**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E003 (10/05)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
34-1977275 Not Applicable

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

6. Name and Address of Current Registered Agent

**SAMOWITZ, HARVEY
250 SOUTH ISLAND
GOLDEN BEACH FL 33160**

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: *Harvey Samowitz* DATE: *error NA*

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 #		STREET ADDRESS	
NAME	SAMOWITZ, HARVEY	CITY-ST-ZIP	
STREET ADDRESS	250 SOUTH ISLAND		
CITY-ST-ZIP	GOLDEN BEACH FL 33160		
DOCUMENT #		STREET ADDRESS	
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05/16/06-00007-023 5001.00

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: *Harvey Samowitz* DATE: Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE