## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A05000000535** FERRERA BROTHERS DEVELOPMENT CO., LLLP 06 APR 24 AM 11: 14 Principal Place of Business Mailing Address 6601 LYONS RD, STE C-1 6601 LYONS RD, STE C-1 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 Chg-LP CR2E003 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Country Country Ζiρ Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SASSER, JESSE D Street Address (P.O. Box Number is Not Acceptable) 6601 LYONS RD, STE C-1 COCONUT CREEK, FL 33073 City Zin Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE 18 \$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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT# A01000001204 STREET ADDRESS MICHAEL J. FERRERA FAMILY LTD, NO 2 HALIG STREET ADDRESS 6601 LYONS RD, STE C-1 CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK, FL 33073 A00000001125 DOCUMENT # STREET ADDRESS **AUGUSTINE FERRERA FAMILY LTD** NAME **700074081597** 05/05/06--01049--023 \*\*\*50 STREET ADDRESS 6601 LYONS RD, STE C-1 \*\*S00.00 CITY-57-7IP CITY-ST-7/P COCONUT CREEK, FL 33073 DOCUMENT# A05000000531 STREET ADDRESS MICHELE FERRERA FAMILY LIMITED PARTNERSHIP NAME STREET ADORESS 6601 LYONS RD, STE C-1 CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK, FL 33073 DOCUMENT# STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 DEE SASSER JESSE Juss 1 SIGNATURE: