


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

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A9600000831**  
1. Entity Name  
**THE IRA OSTROW FAMILY LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**5024 FISHER ISLAND DR.  
FISHER ISLAND FL 33109-0205**      **5024 FISHER ISLAND DR.  
FISHER ISLAND FL 33109-0205**



2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E003 (10/05)  
4. FEI Number      Applied For  
**65-0662042**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**NELSON, BARRY A ESQ.  
C/O NELSON & LEVINE, P.A.  
2775 SUNNY ISLES BLVD., STE 118  
N. MIAMI 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      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 #	P96000036689	STREET ADDRESS	
NAME	IRA OSTROW FAMILY HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	5024 FISHER ISLAND DRIVE		
CITY-ST-ZIP	FISHER ISLAND FL 33109-0205		
DOCUMENT #		STREET ADDRESS	000000475892
NAME		CITY-ST-ZIP	04/05/06-80034-025 500.00
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 520, Florida Statutes

SIGNATURE:       03-11-06      305-538-257