


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

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002710				
1. Entity Name NORMAN AND LILA SIEGEL FAMILY LIMITED PARTNERSHIP				
Principal Place of Business 2228 ORIOLE DRIVE SARASOTA FL 34239-3731		Mailing Address 2228 ORIOLE DRIVE SARASOTA FL 34239-3731		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 65-6253593
6. Name and Address of Current Registered Agent SIEGEL, NORMAN 2228 ORIOLE DRIVE SARASOTA FL 34239				Applied For Not Applied
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 _____				U00000503536 04/26/06-80037-004 500.00 DATE



1st MOORE CR2E003 (10/05)

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	SIEGEL, NORMAN	CITY-ST-ZIP	
STREET ADDRESS	2228 ORIOLE DRIVE		
CITY-ST-ZIP	SARASOTA FL 34239		
DOCUMENT #		STREET ADDRESS	
NAME	SIEGEL, RUTH LILA	CITY-ST-ZIP	
STREET ADDRESS	2228 ORIOLE DRIVE		
CITY-ST-ZIP	SARASOTA FL 34239		
DOCUMENT #		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 620, Florida Statutes

SIGNATURE: *Norman Siegel* **NORMAN SIEGEL** 04.07.06 941.955.1483