


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

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

DOCUMENT # A98000000032			
1. Entity Name PHYLIRV, LTD.			
Principal Place of Business 2801 CLINT MOORE ROAD, UNIT 321 BOCA RATON FL 33496		Mailing Address 2689 N.W. 45TH ST. BOCA RATON FL 33434	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent COHN, ALAN B % ABRAMS ANTON P.A. 2021 TYLER STREET HOLLYWOOD FL 33022		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	



1st MOORE CR2E003 (10/05)
4. FEI Number **65-0810723** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

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	FELDMAN, IRVING	CITY - ST - ZIP	
STREET ADDRESS	2689 NW 45TH ST.		
CITY - ST - ZIP	BOCA RATON FL 33434		
DOCUMENT #		STREET ADDRESS	
NAME	FELDMAN, PHYLLIS	CITY - ST - ZIP	
STREET ADDRESS	2689 NW 45TH ST.		
CITY - ST - ZIP	BOCA RATON FL 33434		
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03/18/06-80050-019 500.00

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: *Irving Feldman* **Irving Feldman** 3/2/06 (66) 988-982