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

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## **FILED** Jun 12, 2006 08:00 AN Secretary of State DOCUMENT # A9800000920 1. Entity Name MEYER FAMILY INVESTMENTS, LTD. Principal Place of Business Mailing Address 2003 NORTH OCEAN BLVD., SUITE 201 P.O. BOX 262 **BOCA RATON FL 33429-0262 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) 4. FEI Number Applied For City & State City & State 65-0836920 Not Applicable Country Zip Country 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 ROBERT M. WOLF, P.A. Street Address (P.O. Box Number is Not Acceptable) 33 SOUTHEAST 4TH STREET, SUITE 102 **BOCA RATON FL 33431** City 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 U00000566981 accept the obligations of registered agent. 06/12/06-80002-005 500.00 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 # P98000033824 STREET ADDRESS NAME MEYER FAMILY INVESTMENTS, INC. STREET ADDRESS 2003 NORTH OCEAN BLVD., SUITE 201 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33431** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-7IP CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LITY-ST-ZIP NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 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

POF SIGNING GENERAL PARTNER