

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000239 1. Entity Name THE REID FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 2251 BLOUNT ROAD POMPANO BEACH, FL 33069	Mailing Address 2251 BLOUNT ROAD POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



01262006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0894925	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REID, CHARLES P 2251 BLOUNT ROAD POMPANO BEACH, FL 33069
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**DO NOT WRITE
IN THIS SPACE**

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 \$500.00
After May 1, 2006, Fee will be \$900.00

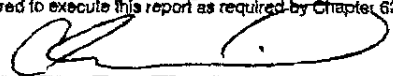
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P99000005411
NAME	REID FAMILY CORP.
STREET ADDRESS	4375 SANCTUARY LANE
CITY-ST-ZIP	BOCA RATON, FL 33431
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000504697
04/26/06-80083-013 500.00

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-06 954.977-4211
Date Daytime Phone if

STAPLE CHECK HERE