

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2006

FILED
May 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001325

1. Entity Name
POMERANZ INVESTMENT LIMITED PARTNERSHIP



Principal Place of Business
**20044 BACK NINE DRIVE
BOCA RATON, FL 33498**

Mailing Address
**20044 BACK NINE DRIVE
BOCA RATON, FL 33498**



05192006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE Number
20-1495722

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAMONT NEIMAN INTERIAN & BELLET, P.A.
TWO SOUTH BISCAYNE BOULEVARD, SUITE 3550
MIAMI, FL 33131**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

**FILE NOW!!! FEE IS \$500.00
Due by September 8, 2006**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # **P04000112884**
NAME **POMERANZ INVESTMENT MANAGEMENT CORP.**
STREET ADDRESS **20044 BACK NINE DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33498**

DOCUMENT #
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IN THIS SPACE**

U00000566197
05/26/06-80004-005 500.00

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

Date

Daytime Phone #

Harold B Pomeranz 5/22/06 561 487 0080

STAPLE CHECK HERE