


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 6, 2006**

FILED
Aug 08, 2006 08:00 A
Secretary of State

DOCUMENT # A96000001990	
1. Entity Name THE BERRIE FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 14745 DRAFT HORSE LANE WELLINGTON FL 33414-1008	Mailing Address 14745 DRAFT HORSE LANE WELLINGTON FL 33414-1008
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E003 (4/06)

4. FEI Number 65-0719985		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERRIE FAMILY CORP. 14745 DRAFT HORSE LANE WELLINGTON FL 33414	
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.		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00. <input type="checkbox"/>
SIGNATURE <small>Signature, typed or printed name of registered agent, and title if applicable</small>	DATE	

File Now!!! Fee is \$900.00 Due By September 6, 2006

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 #	P96000088175	STREET ADDRESS	
NAME	BERRIE FAMILY CORP.	CITY-ST-ZIP	
STREET ADDRESS	14745 DRAFT HORSE LANE		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		
DOCUMENT #		STREET ADDRESS	U00000573864
NAME		CITY-ST-ZIP	08/08/06-80005-019 500.00
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:  **M. BERRIE** **PRO** **8/3/06** **361 790-7779**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #