

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 10:35

DOCUMENT # A00000000029

1. Entity Name
**LEONARD BRAWER FAMILY LIMITED PARTNERSHIP
 NO. 2**



Principal Place of Business
**7771 WEST OAKLAND PARK BLVD.,
 STE 122 140
 SUNRISE, FL 33351**

Mailing Address
**7771 WEST OAKLAND PARK BLVD.,
 STE 122 140
 SUNRISE, FL 33351**

2. Principal Place of Business
Correction of suite number

3. Mailing Address

Suite, Apt. #, etc.
140

Suite, Apt. #, etc.
140

City & State

City & State

Zip

Country

Zip

Country

03312006

Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0980008

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAWER, MARC H ESQ.
 7771 WEST OAKLAND PARK BLVD., SUITE 122 140
 SUNRISE, FL 33351**

Name
Correction of suite #

Street Address (P.O. Box Number is Not Acceptable)

Suite 140

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

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

secy

4/7/06
 DATE

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000062597**
 NAME **LEONARD BRAWER FAMILY HOLDINGS, INC.**
 STREET ADDRESS **7771 WEST OAKLAND PARK BLVD., SUITE 122 140**
 CITY-ST-ZIP **SUNRISE, FL 33351**

STREET ADDRESS
 CITY-ST-ZIP
(Correct suit # to 140)

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

**700072327817
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STREET ADDRESS
 CITY-ST-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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Marc H. Braver

Date

Daytime Phone #

4/7/06
954 749 0066

STAPLE CHECK HERE