2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A00000000072

1. Entity Name
HARRIET SEGAL LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
4550 MERIDIAN AVENUE MIAMI BEACH, FL 33140	4550 MERIDIAN AVENUE MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

03032006 No Chg-LP   CR2E003 (11/05)

4. FEI Number	Applied For
65-0990669	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEGAL, HARRIET
4550 MERIDIAN AVENUE
MIAMI BEACH, FL 33140

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
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 #	
NAME	SEGAL, HARRIET
STREET ADDRESS	4550 MERIDIAN AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000465344
03/22/06-80032-018 500.00

DO NOT WRITE
IN THIS SPACE

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: _____   3/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #