

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000861

1. Entity Name

THE MORNINGSTAR FAMILY LIMITED PARTNERSHIP



Principal Place of Business

2000 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

Mailing Address

2000 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE



03292006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

65-1025954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASSER, GENE K ESQ.
ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD, FL 33020

**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.

U00000492894

04/19/06-80083-004 500.00

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$800.00

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 MORNINGSTAR, LOUIS
STREET ADDRESS 2000 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD, FL 33020

DOCUMENT #
NAME MORNINGSTAR, CAROLE S
STREET ADDRESS 2000 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD, FL 33020

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

Date

Daytime Phone #

STAPLE CHECK HERE