


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000896**  
 1. Entity Name  
**THE PERLOFF ENTERPRISES LIMITED PARTNERSHIP**



Principal Place of Business 1616 NE 4TH PLACE FORT LAUDERDALE, FL 33301	Mailing Address 1616 NE 4TH PLACE FORT LAUDERDALE, FL 33301
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04022006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-1016517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.  
 1177 S.E. 3RD AVENUE  
 FORT LAUDERDALE, FL 33316

**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 date if applicable.

U00000495108  
 04/20/06 80071 006 500.00

**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	STREET ADDRESS	CITY-ST-ZIP
	PERLOFF, DAVID E	1616 NE 4TH PLACE	FORT LAUDERDALE, FL 33301
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PERLOFF, SHERON L	1616 NE 4TH PLACE	FORT LAUDERDALE, FL 33301
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

**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: \_\_\_\_\_ Date: 4/2/06 Daytime Phone #: 954 523-3422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER