

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

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001106**

1. Entity Name

LEE S. LASSER FAMILY LIMITED PARTNERSHIP



Principal Place of Business

4100 NORTH POWERLINE ROAD, SUITE B-2  
POMPANO BEACH, FL 33073

Mailing Address

4100 NORTH POWERLINE ROAD, SUITE B-2  
POMPANO BEACH, FL 33073



01162006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1022787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

8. Name and Address of Current Registered Agent

LASSER, LEE S  
4100 NORTH POWERLINE ROAD, SUITE B-2  
POMPANO BEACH, FL 33073

**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.

1100000448097  
03/08/06-60082-021 500.00

DATE

**FILE NOW!!! FEE IS \$600.00**  
**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 LASSER, LEE S TRUSTEE  
STREET ADDRESS 4100 NORTH POWERLINE ROAD, SUITE B-2  
CITY-ST-ZIP POMPANO BEACH, FL 33073

DOCUMENT #  
NAME LOUIS, ROBIN E TRUSTEE  
STREET ADDRESS 4100 NORTH POWERLINE ROAD, SUITE B-2  
CITY-ST-ZIP POMPANO BEACH, FL 33073

DOCUMENT #  
NAME LASSER, DAVID A TRUSTEE  
STREET ADDRESS 4100 NORTH POWERLINE ROAD, SUITE B-2  
CITY-ST-ZIP POMPANO BEACH, FL 33073

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**

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:**

*David Lasser*

*David Lasser, Partner*

11/8/06

754-975-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE