

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00
Secretary of State

DOCUMENT # A00000001125

1. Entity Name
AUGUSTINE FERRERA FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**6601 LYONS ROAD, SUITE C-1
COCONUT CREEK, FL 33073**

Mailing Address
**6601 LYONS ROAD, SUITE C-1
COCONUT CREEK, FL 33073**



04062006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-1024239

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FERRERA, AUGUSTINE
6601 LYONS ROAD, SUITE C-1
COCONUT CREEK, 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 title if applicable

1100000535338
05/08/06-80049-003 500.00

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
STREET ADDRESS
CITY - ST - ZIP
**FERRERA, AUGUSTINE TRUSTEE
6601 LYONS ROAD, SUITE C-1
COCONUT CREEK, FL 33073**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**FERRERA, ROCCO
6601 LYONS ROAD, SUITE C-1
COCONUT CREEK, FL 33073**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
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**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