

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000001126

1. Entity Name
INDUSTRIAL DEVELOPMENT CO. OF AMERICA, LLLP



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**



01162008 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-1023235

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. 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 title if applicable.

1100000455735

03/15/06 000000 014 500.00

**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 # **A00000001106**
NAME **LEE S. LASSER FAMILY LIMITED PARTNERSHIP**
STREET ADDRESS **4100 NORTH POWERLINE ROAD, SUITE B-2**
CITY-ST-ZIP **POMPANO BEACH, FL 33073**

DOCUMENT # **A00000001125**
NAME **AUGUSTINE FERRERA FAMILY LIMITED PARTNERSHIP**
STREET ADDRESS **6601 LYONS ROAD, SUITE C-1**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

DOCUMENT # **A01000001204**
NAME **MICHAEL J. FERRERA FAMILY LTD PARTNERSHIP #2**
STREET ADDRESS **6601 LYONS ROAD, SUITE C-1**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

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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 #