

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

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001398**

1. Entity Name  
**LISA STEUER FAMILY, LTD.**



Principal Place of Business  
**7741 N. MILITARY TRAIL, SUITE 1  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**7741 N. MILITARY TRAIL, SUITE 1  
PALM BEACH GARDENS, FL 33410**



01062006 No Chg-LP

CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1065862</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SCHICKEDANZ, W K  
7741 N. MILITARY TRAIL, SUITE 1  
PALM BEACH GARDENS, FL 33410**

**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.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**U00000524985**  
**05/04/06-80011-011 500.00**

**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	<b>STEUER, LISA ANN ELMA</b>
STREET ADDRESS	<b>7741 N. MILITARY TRAIL, SUITE 1</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33410</b>

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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:** \_\_\_\_\_

**W.K. Schickedanz, Registered Agent**  
**Lisa Steuer Family, Ltd**

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE