

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
13-4127273

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

SMITH, ROBERT
4381 WHITE CEDAR LANE
DELRAY BEACH, FL 33445

**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 _____ DATE _____
Signature, typed or printed, or registered, or use if applicable.

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	SMITH, ROBERT
STREET ADDRESS	4381 WHITE CEDAR LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
DOCUMENT #	
NAME	SMITH, ROSLYN
STREET ADDRESS	4381 WHITE CEDAR LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
DOCUMENT #	
NAME	SMITH, HOWARD
STREET ADDRESS	5 DEEPWOOD COURT
CITY-ST-ZIP	OLD WESTBURY, NY 11568
DOCUMENT #	
NAME	SMITH, PENNY
STREET ADDRESS	2 PARTRIDGE LANE
CITY-ST-ZIP	OLD WESTBURY, NY 11568
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/06--01042--017 **500.00

**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: *X Roslyn Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 4/12/06
Date

Daytime Phone #