

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

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001594**

1. Entity Name  
**OROSHNİK LIMITED PARTNERSHIP**



Principal Place of Business  
**5502 N.W. 37TH AVENUE  
MIAMI, FL 33142**

Mailing Address  
**5502 N.W. 37TH AVENUE  
MIAMI, FL 33142**



01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-1069507**

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

**OROSHNİK INVESTMENTS, INC.  
5502 N.W. 37TH AVENUE  
MIAMI, FL 33142**

**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 (if applicable)

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 # **P00000047090**  
NAME **OROSHNİK INVESTMENTS, INC.**  
STREET ADDRESS **5502 N.W. 37TH AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33142**

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000000496793  
04/22/06-80028-011 \$900.00

**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: *Miriam Orosnik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**MIRIAM OROSHNIK**

Date

Daytime Phone #

**305-535-1880**

STAPLE CHECK HERE