


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

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

|  |   |
|--|---|
| <b>DOCUMENT #A01000000112</b><br>1. Entity Name<br><b>THE LEON SULTAN FAMILY LIMITED PARTNERSHIP</b> |  |
|--|---|

Principal Place of Business  
**650 S.W. 9TH TERRACE  
POMPANO BEACH, FL 33069**

Mailing Address  
**650 S.W. 9TH TERRACE  
POMPANO BEACH, FL 33069**

**DO NOT WRITE IN THIS SPACE**



07072006 No Chg-LP

CR2E003 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-1069538</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SULTAN, EZRA E  
650 S.W. 9TH TERRACE  
POMPANO BEACH, FL 33069**

**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  
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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>SULTAN, EZRA E</b>          |
| STREET ADDRESS | <b>650 S.W. 9TH TERRACE</b>    |
| CITY-ST-ZIP    | <b>POMPANO BEACH, FL 33069</b> |
| DOCUMENT #     |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| DOCUMENT #     |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| DOCUMENT #     |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| DOCUMENT #     |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |

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07/21/06-80009-007 500.00

**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:

*Ezra Sultan*  
**GENERAL PARTNER**

*7/17/06*  
Date

*(954) 782-6600*  
Daytime Phone #