

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000000177

1. Entity Name
THE SCHACHTER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**5320 S. SHORE BLVD.
LAKE WORTH, FL 33467**

Mailing Address
**5320 S. SHORE BLVD.
LAKE WORTH, FL 33467**



04272006 No Chg-LP

CR2ED03 (11/05)

4. FEI Number
65-1063422

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

**SCHACHTER, BEN L D.V.M.
5320 S. SHORE BLVD.
LAKE WORTH, FL 33467**

**DO NOT WRITE
IN THIS SPACE**

6. 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

100000554946

15/16/06-80013-004 500.00

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
STREET ADDRESS
CITY - ST - ZIP
**SCHACHTER, BEN L
5340 SOUTH SHORE BLVD.
LAKE WORTH, FL 33467**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**SCHACHTER, KATHRYN B
5340 SOUTH SHORE BLVD.
LAKE WORTH, FL 33467**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE