2006 LIMITED PARTNERSHIP ANNUAL REPORT Bue By May 1, 2006

Bue By May 1, 2006DOCUMENT #A0100000477

1. Entity Name SALSTEIN PARTNERS, LTD.



Principal Place of Business

6250 N.W. 35TH AVE. MIAMI, FL 33147 Mailing Address

6250 N.W. 35TH AVE. MIAMI, FL 33147

FILED Jan 13, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01042006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-1105537 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A. 2 SOUTH BISCAYNE BLVD. SUITE 3550 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent.	the State of Florida. I am familiar with, and accep	ot .
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

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.

MOTE: General Partners MAT NOT be changed on the	
12.	GENERAL PARTNER INFORMATION
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SALSTEIN MANAGEMENT, LLC 6250 N.W. 35TH AVE. MIAMI, FL 33147
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-719	

U00000386364 01/18/06-80057-011 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling does not qualify fer the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accordance and that my signature entitled partnership or the receiver or trustee empty legical discount this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

/11/06

Daytime Phone #