


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000000733
 1. Entity Name
VARKAS FAMILY PARTNERSHIP, LTD.



Principal Place of Business Mailing Address
155 OCEAN LANE DR., APT. 311 **155 OCEAN LANE DR., APT. 311**
KEY BISCAYNE, FL 33149 **KEY BISCAYNE, FL 33149**

DO NOT WRITE IN THIS SPACE



02052006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-1108440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VARKAS, ALEXANDER D JR.
155 OCEAN LANE DRIVE, APARTMENT 311
KEY BISCAYNE, FL 33149

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: *Alexander D. Varkas Jr* *2/20/06*
Signature, typed or printed name of registered agent and date 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 #	P01000049286
NAME	FULCRUM, INC.
STREET ADDRESS	155 OCEAN LANE DR., APT. 311
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000489595
 03/27/06-80008-001 500.00

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: *Alexander D. Varkas Jr* *2/20/06* *1-561-392-1230*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Alexander D. Varkas Jr.