

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

**FILED**

**06 MAY -1 PM 1:46**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # A01000001064**

1. Entity Name  
**LOIS DUBOIS, LTD.**



Principal Place of Business  
**5450 FLAVOR PICT ROAD  
BOYNTON BEACH, FL 33436**

Mailing Address  
**5450 FLAVOR PICT ROAD  
BOYNTON BEACH, FL 33436**

2. Principal Place of Business

3. Mailing Address  
**10932 GLENEAGLES RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BOYNTON BEACH, FLA**

Zip

Country

Zip

Country

**33436 PALM BEACH**

04192006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**65-1151607**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, MARK A  
50 SE 4TH AVENUE  
DELRAY BEACH, FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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  
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 # **L01000011876**  
NAME **LOIS DUBOIS PROPERTIES MANAGEMENT, LLC**  
STREET ADDRESS **5450 FLAVOR PICT ROAD**  
CITY - ST - ZIP **BOYNTON BEACH, FL 33436**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **10932 GLENEAGLES RD.**  
CITY - ST - ZIP **BOYNTON BEACH, FL 33436**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS **800074696638**  
CITY - ST - ZIP **05/17/06--01004--002 \*\*500.00**

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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]* **4/27/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE