

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

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001088**

1. Entity Name  
**THE MONIR FAMILY PARTNERS, LTD.**



Principal Place of Business  
**927 BRIGHTWATER CIRCLE**  
**MAITLAND, FL 32751 US**

Mailing Address  
**1206 E RIDGEWOOD ST**  
**ORLANDO, FL 32803**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**59-3748177**

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

**BRYANT, CARLA DELOACH ESQ**  
**1206 E. RIDGEWOOD STREET**  
**ORLANDO, FL 32803**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P01000073798**  
NAME **THE MONIR CORPORATION, INC.**  
STREET ADDRESS **927 BRIGHTWATER CIRCLE**  
CITY-ST-ZIP **MAITLAND, FL 32751**

STREET ADDRESS **1000000477793**  
CITY-ST-ZIP **04/07/06 00003 011 500.00**

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CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE:

*N. Monir*

N. Monir

2-3-06

407-740-5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

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