

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000001492

**FILED**  
**Feb 13, 2006**  
**Secretary of State**

**Entity Name:** EDNA A. KATZ FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

5218 PARISIENNE PL.  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

5218 PARISIENNE PL.  
SARASOTA, FL 34238

**New Mailing Address:**

**FEI Number:** 65-1159132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIPSON, LINDA B  
5218 PARISIENNE PL.  
SARASOTA, FL 34238 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: LIPSON, LINDA B TRUSTEE

Address: 5218 PARISIENNE PL.

City-St-Zip: SARASOTA, FL 34238

Document #:

Name: LIPSON, LINDA B TRUSTEE

Address: 5218 PARISIENNE PL.

City-St-Zip: SARASOTA, FL 34238

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA B LIPSON

MS

02/13/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date