


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000000119	
1. Entity Name THE M & R LIMITED PARTNERSHIP	

Principal Place of Business 1851 BLOUNT ROAD POMPANO BEACH FL 33069	Mailing Address 1851 BLOUNT ROAD POMPANO BEACH FL 33069
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 60-0001737 ☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent GUSSACK, MARK 1851 BLOUNT ROAD POMPANO BEACH FL 33069
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7. Name and Address of New Registered Agent	
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 Ed. 4/2/06 # 1014 DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	NAME	STREET ADDRESS	
NAME	GUSSACK, MARK	CITY-ST-ZIP	
STREET ADDRESS	1851 BLOUNT ROAD		
CITY-ST-ZIP	POMPANO BEACH FL 33069		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	GUSSACK, ROYCE	CITY-ST-ZIP	
STREET ADDRESS	1851 BLOUNT ROAD		
CITY-ST-ZIP	POMPANO BEACH FL 33069		
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CITY-ST-ZIP			

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05/06/06-80097-025 500.00

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: X Ed. 4/2/06 # 1014 DATE 4/2/06 954-917-1919 DAYTIME PHONE #