


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

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A02000000268	
<b>1. Entity Name</b> THE MASHIACH INVESTMENTS LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 1177 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316	<b>Mailing Address</b> 1177 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

<b>4. FEI Number</b> 04-3620222	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  WACHS, JEFFREY S ESQ. 1177 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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.**

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>DATE</b> 03/11/06-80009-023 500.00
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**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	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
	MASHIACH, BONNIE C	<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>	1177 S.E. THIRD AVENUE		
<b>CITY- ST- ZIP</b>	FT. LAUDERDALE FL 33316		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
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<b>STREET ADDRESS</b>			
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		<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY- ST- ZIP</b>			

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:** Bonnie C. Mashlach. *Bonnie C. Mashlach* 2/26/06 561-8831257