

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR -3 AM 10: 04

DOCUMENT #A02000000496 1. Entity Name PASKIN LTD.			
Principal Place of Business 5279 VENTURA DR. DELRAY BEACH, FL 33484		Mailing Address 5279 VENTURA DR. DELRAY BEACH, FL 33484	
2. Principal Place of Business 5624 Linton Blvd. Suite, Apt. #, etc. C-205		3. Mailing Address 5624 Linton Blvd. Suite, Apt. #, etc. C-205	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33484	Country USA	Zip 33484	Country USA
6. Name and Address of Current Registered Agent GLASSER, GENE K ESQ C/O ABRAMS ANTON P.A. 2021 TYLER ST. HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Glasser, Gene K Esq Street Address (P.O. Box Number is Not Acceptable) 100 W Cypress Creek Rd Suite 700 City Ft Lauderdale FL Zip Code 33309	
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 <u>Gene Glasser</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PASKIN, ANNE W	5624 Linton Blvd, Suite C-205	
	STREET ADDRESS		
	CITY-ST-ZIP	Delray Beach, FL 33484-6466	
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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: <u>Anne W. Paskin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date <u>March, 2006</u> Daytime Phone # <u>561-499-1319</u>	

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