

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JAN 13 AM 10:58

DOCUMENT # A02000000549 1. Entity Name LEONARD ADLER FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 12525 ORANGE DR. #706 DAVIE, FL 33330		Mailing Address 12525 ORANGE DR. #706 DAVIE, FL 33330			
2. Principal Place of Business 8211 W. Broward Blvd Suite, Apt. #, etc. 375 City & State PLANTATION FL Zip 33324 Country USA		3. Mailing Address 8211 W. Broward Blvd. Suite, Apt. #, etc. 375 City & State PLANTATION FL Zip 33324 Country USA			
4. FEI Number 02-0590974		01092006 Chg-LP CR2E003 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent GROSS, ILLENE S 12525 ORANGE DRIVE STE 706 DAVIE, FL 33330			7. Name and Address of New Registered Agent Name TODD W KLISTON Street Address (P.O. Box Number is Not Acceptable) 8211 W. Broward Blvd # 375 City PLANTATION FL Zip Code 33324		
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>Todd W Kliston</u> DATE <u>1/9/06</u> <small>Signature, typed or printed name of registered agent and true if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
700064606317 01/27/06--01005--012 **\$500.00					
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 #	P02000031328		STREET ADDRESS	8211 W. Broward Blvd # 375	
NAME	LEONARD ADLER HOLDINGS, INC.		CITY-ST-ZIP	PLANTATION FL 33324	
STREET ADDRESS	12525 ORANGE DR.		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33330		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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>Todd W Kliston</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE <u>1/9/06</u> DAYTIME PHONE # <u>954-473-4900</u> <small>Date Daytime Phone #</small>		

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