

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -2 AM 10:34

DOCUMENT # A02000000666

1. Entity Name
 NORMAN & RUTH RUSS FAMILY LTD.



Principal Place of Business
 % RUTH & NORMAN RUSS
 9350 W BAY HARBOR DR., #4C
 BAY HARBOR ISLANDS, FL 33154

Mailing Address
 % LORI MISHKIN
 PO BOX 630176
 MIAMI, FL 33163

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
 9350 W Bay Harbor Dr-4C

Suite, Apt. #, etc.
 NO Box 630176

City & State
 Bay Harbor Isls, FL

City & State
 Miami, FL

Zip
 33154

Country

Zip
 33163

Country

01172006 Chg-LP CR2E003 (11/05)

4. FEI Number
 04-3663633

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BARASH & ASSOCIATES, P.A.
 1140 KANE CONCOURSE
 BAY HARBOR ISLANDS, FL 33154

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 RUSS, NORMAN J TRUSTEE
 9350 W BAY HARBOR DR.
 BAY HARBOR ISLANDS, FL 33154

*DECLINED
 10/30/2005*

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 RUSS, RUTH G TRUSTEE
 9350 W BAY HARBOR DR.
 BAY HARBOR ISLANDS, FL 33154

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 RUSS, DENIS A
 1004 10TH ST.
 MIAMI BEACH, FL 33154

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MISHKIN, LORI R
 PO BOX 630176
 MIAMI, FL 33163

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/23/06 305-785-5795

STAPLE CHECK HERE