

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000001000

1. Entity Name
CONTE ENTERPRISES, LTD.



Principal Place of Business
**3900 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020**

Mailing Address
**3900 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



03152006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
56-2282781

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SINGER, BERNARD A ESQUIRE
3107 STIRLING ROAD, SUITE 105
FORT LAUDERDALE, FL 33020**

Name

Street Address (P.O. Box, etc.)

City

7. Name and Address of New Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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 file 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 # **548645**
NAME **CONTE MANAGEMENT, INC.**
STREET ADDRESS **3900 NORTH 28TH TERRACE**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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000000500851
04/25/06-80037-021 500.00

**DO NOT WRITE
IN THIS SPACE**

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

ARTHUR R. CONTE
PRES. OF CONTE MANAGEMENT

Date

Daytime Phone

4/6/06 954 922 4645

STAPLE CHECK HERE