

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUL 28 AM 9:22

DOCUMENT # A02000001051



1. Entity Name
 SHOCHET FAMILY LIMITED PARTNERSHIP

Principal Place of Business Mailing Address
 575 HIBISCUS LANE 575 HIBISCUS LANE
 MIAMI, FL 33137 MIAMI, FL 33137

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Zip Country

07042006 Chg-LP CR2E003 (11/05)

4. FEI Number Applied For
 11-3655147 Not Applicable

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

6. Name and Address of Current Registered Agent
 LAWRENCE, DAVID R
 10947 NW 80TH MANOR
 PARKLAND, FL 33076

7. Name and Address of New Registered Agent
 Name **DAVID LAWRENCE**
 Street Address (P.O. Box Number is Not Acceptable)
8245 N.W. 105TH LANE
 City **PARKLAND** FL Zip Code **33076**

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 *David Lawrence* DATE 7-6-06
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	SHOCHET, SUZANNE
STREET ADDRESS	575 HIBISCUS LANE
CITY-ST-ZIP	MIAMI, FL 33137
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

~~800078467530~~
 08/08/06--01026--016 **500.00

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: *Suzanne Shochet* Date 07-17-06 Daytime Phone # 305-5764292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE