

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
 575 HIBISCUS LANE
 MIAMI, FL 33137

Mailing Address
 575 HIBISCUS LANE
 MIAMI, FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07042006

Chg-LP

CR2E003 (11/05)

4. FEI Number
 11-3655147

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, DAVID R
 10947 NW 80TH MANOR
 PARKLAND, FL 33076

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

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 #
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 STREET ADDRESS
 CITY-ST-ZIP

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 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

800078467538
 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

07-17-06

Date

Daytime Phone #

305-5764292

STAPLE CHECK HERE