

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000000253

1. Entity Name
MEMPHIS LIMITED PARTNERSHIP



Principal Place of Business
**5160 N. BAY ROAD
MIAMI BEACH, FL 33140**

Mailing Address
**5160 N. BAY ROAD
MIAMI BEACH, FL 33140**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
84-1617499

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONATHAN H. GREEN & ASSOCIATES, P.A.
799 BRICKELL PLAZA, SUITE 700
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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**

**1100000384527
01/17/06-80017-014 500.00**

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**ALBERTO EIBER AS TENANT BY THE ENTIRETY
5160 N. BAY ROAD
MIAMI BEACH, FL 33140**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**KAREN KOVEL AS TENANT BY THE ENTIRETY
5160 N. BAY ROAD
MIAMI BEACH, FL 33140**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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DOCUMENT #
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**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

Date

Daytime Phone #

(Karen Kovel) **1/9/06** **305-866-9303**

STAPLE CHECK HERE