2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000000343

1. Entity Name
M&J HERMAN FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
9536 SAVONA WINDS DR DELRAY BEACH, FL 33446-9751 US	9536 SAVONA WINDS DR DELRAY BEACH, FL 33446-9751 US

03082006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
56-2321026
☐ 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
HANDEL, MICHELLE S 9536 SAVONA WINDS DR DELRAY BEACH, FL 33446-9751	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	HERMAN, JOSEPH L	CITY-ST-ZIP	
STREET ADDRESS	9536 SAVONA WINDS DR.		
CITY-ST-ZIP	DELRAY BEACH, FL 334469751		
DOCUMENT #		STREET ADDRESS	000000483325
NAME	HANDEL, MICHELLE S		04/11/06-80118-004 500.
STREET ADDRESS	9536 SAVONA WINDS DR.	CITY-ST-ZIP	
CITY-ST-ZIP	DELRAY BEACJ, FL 334469751		
DOCUMENT #		STREET ADDRESS	
NAME	HERMAN, ALEC		
STREET ADDRESS	9536 SAVONA WINDS DR	CITY-ST-ZIP	
CITY-ST-ZIP	DELRAY BEACH, FL 334469751		
DOCUMENT #		STREET ADDRESS	
NAME	HERMAN, SCOTT		
STREET ADDRESS	9536 SAVONA WINDS DR	CITY-ST-ZIP	
CITY-ST-ZIP	DELRAY BEACH, FL 334469751		
DOCUMENT #		STREET ADDRESS	
NAME			
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Joseph L Herman DDS 3-24-06 561-274-4080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #