2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000000658

1. Entity Name

THE BETTE FISCHER FAMILY LIMITED PARTNERSHIP U.A.D.

Principal Place of Business	Mailing Address
3400 S. OCEAN BLVD. #121 HIGHLAND BEACH FL 33487	3400 S. OCEAN BLVD. #121 HIGHLAND BEACH FL 33487

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

1st MOORE CR2E003 (10/05)

4. FEI Number 57-1165026 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, HOWARD
621 N.W. 53RD. STREET
SUITE 390
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

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.

U00000452010
03/11/06-80009-019 500.00

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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	FISCHER, BETTE		
STREET ADDRESS	3400 S. OCEAN BLVD. #121	CITY-ST-ZIP	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		
DOCUMENT #		STREET ADDRESS	
NAME			
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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: Bette Fischer 2/7/06 561-274-3991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #