


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 13, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A03000000726 1. Entity Name BEHAR FAMILY LIMITED PARTNERSHIP |  |
|---|---|

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|--|--|
| Principal Place of Business 16445 COLLINS AVE., #724 MIAMI BEACH, FL 33160 | Mailing Address P.O. BOX 634 MIAMI BEACH, FL 33139 |
|--|--|



DO NOT WRITE IN THIS SPACE

02052006 No Chg-LP

CR2E003 (11/05)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 02-0603188 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**WOLFE, RICHARD C
C/O PATHMAN LEWIS, LLP
2 S. BISCAYNE BLVD., SUITE 2400
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 _____ 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 | |
|---|---|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | P02000047405 BEHAR FAMILY, INC. 16445 COLLINS AVE., #724 MIAMI BEACH, FL 33160 |
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000000433208
02/24/06-90008-007 500.00

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: *Robert Behar* **ROBERT BEHAR** 2 | 8 | 06 (305) 956-2767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #