

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000921

**FILED**  
**Jan 09, 2006**  
**Secretary of State**

**Entity Name:** TRISTAR FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

430 S.W. 195TH AVENUE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

430 S.W. 195TH AVENUE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROZENCWAIG, LESLIE ALAN PA  
1 S.E. 3RD AVENUE, STE. 960  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: L03000013381  
Name: TRISTAR FAMILY HOLDINGS, L.C.  
Address: 430 S.W. 195TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIANA RODRIGUEZ

MGR

01/09/2006

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date