

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SLOAN DIVISION
 06 FEB 24 AM 10:05

DOCUMENT # A03000000975 1. Entity Name THE M. MINNET INVESTMENTS LIMITED PARTNERSHIP			
Principal Place of Business % MARGARET F. MINNET 3135 LAKEVIEW COURT DELRAY BEACH, FL 33445		Mailing Address % MARGARET F. MINNET 3135 LAKEVIEW COURT DELRAY BEACH, FL 33445	
2. Principal Place of Business 243 NW 44 ST Suite, Apt. #, etc.		3. Mailing Address 243 NW 44 ST Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL Zip 33309 Country USA		City & State FORT LAUDERDALE, FL Zip 33309 Country USA	
4. FEI Number APPLIED FOR		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 WACHS, JEFFREY F 3135 LAKEVIEW COURT DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name WACHS, JEFFREY S. ESQ Street Address (P.O. Box Number is Not Acceptable) C/O DENMAR, ALLSOUTH, CURTIS ET AL 1177 SE 3 AVE City FT. LAUDERDALE FL Zip Code 33316	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
MINNET, MARGARET F	3135 LAKEVIEW COURT	243 NW 44 ST	FORT LAUDERDALE, FL 33309
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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: <u>MARGARET MINNET / Margaret Minnet</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date <u>2/3/06</u> Daytime Phone # <u>954-7223968</u>	

STAPLE CHECK HERE