

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A03000001138**

1. Entity Name  
**ADAMICHAEL (I) LLLP**



Principal Place of Business  
**2698 EDGEWATER COURT  
 WESTON, FL 33332**

Mailing Address  
**2 SOUTH BISCAYNE BLVD, STE 3400  
 MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**  
 06 MAY - 17 PM 1:44  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



02212006 Chg-LP CR2E003 (11/05)

4. FEI Number

**20-0221549**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.  
 2 SOUTH BISCAYNE BLVD., STE 3400  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

**GY Corporate Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**2 S. Biscayne Blvd., Suite 3400**

City

**Miami**

**FL**

Zip Code  
**33131**

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

**Mark J. Scheer, President**

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

DATE

**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

**LICKSTEIN, GREGG  
 2698 EDGEWATER COURT  
 WESTON, FL 33332**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Gregg S. Lickstein* **GREGG S. LICKSTEIN** 3-28-06 253-9399

STAPLE CHECK HERE