

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 31 AM 9:26

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A03000001354					
1. Entity Name THE M. H. SMITH REAL ESTATE FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 4300 N.W. 81ST TERRACE CORAL SPRINGS, FL 33065			Mailing Address 4300 N.W. 81ST TERRACE CORAL SPRINGS, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2396898	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WACHS, JEFFREY S ESQ. 1177 S.E. THIRD AVENUE FT. LAUDERDALE, FL 33316			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.					
SIGNATURE _____				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	SMITH, MARLEN H 4300 N.W. 81ST TERRACE CORAL SPRINGS, FL 33065		STREET ADDRESS CITY-ST-ZIP		
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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: _____			Date _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER MARLEN SMITH			Daytime Phone # _____		

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