


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 31 AM 9:26

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A03000001355 1. Entity Name THE M. H. SMITH INVESTMENTS FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 4300 N.W. 81ST TERRACE CORAL SPRINGS, FL 33065	Mailing Address 4300 N.W. 81ST TERRACE CORAL SPRINGS, FL 33065
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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02212006 Chg-LP CR2E003 (11/05)

4. FEI Number 56-2396397	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 117 S.E. THRID AVENUE FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	600075653976 06/02/06--01003--009 **500.00 <small>DATE</small>
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FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00
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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	
NAME	SMITH, MARLENE H	CITY-ST-ZIP	
STREET ADDRESS	4300 N.W. 81ST TERRACE		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
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STREET ADDRESS			
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
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER MARLENE SMITH	Date 4/8/06 Daytime Phone 954 2633634
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STAPLE CHECK HERE