

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

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # A03000001448

1. Entity Name  
FRIEDMAN HOLDINGS, LTD.



Principal Place of Business  
901 COCO PLUM WAY  
PLANTATION, FL 33324

Mailing Address  
901 COCO PLUM WAY  
PLANTATION, FL 33324



04182006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1207125

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FRIEDMAN, SUZANNE J  
1025 S. UNIVERSITY DRIVE  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

05/01/06-80101-002 500.00

**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**

DOCUMENT # L03000038643  
NAME FRIEDMAN MANAGEMENT, LLC  
STREET ADDRESS 901 COCO PLUM WAY  
CITY-ST-ZIP PLANTATION, FL 33324

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000553886  
05/15/06-80070-011 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

4/17/06

Date

9543707022

Daytime Phone #

STAPLE CHECK HERE