


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 2:34

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A03000001600	
1. Entity Name THE BANACK FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 2045-14TH AVE VERO BEACH, FL 32960	Mailing Address 2045-14TH AVE VERO BEACH, FL 32960
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 1266
City & State	Vero Beach, FL
Zip	32960
Country	USA

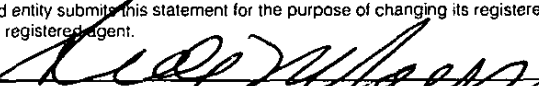


04132006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-0383436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BANACK, SIDNEY M JR 2045-14TH AVE VERO BEACH, FL 32960	7. Name and Address of New Registered Agent Name: Sidney M. Banack, Jr. Street Address (P.O. Box Number is Not Acceptable): 6125 Atlantic Blvd. City: Vero Beach FL Zip Code: 32960
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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:  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 #	L03000019262	STREET ADDRESS	
NAME	BANACK GENERAL PARTNER, LLC	CITY-ST-ZIP	
STREET ADDRESS	2045-14TH AVE		
CITY-ST-ZIP	VERO BEACH, FL 32960		
DOCUMENT #		STREET ADDRESS	500075016665
NAME		CITY-ST-ZIP	05/22/06--01017--009 **500.00
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE