


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Aug 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A04000000548	
1. Entity Name EIDLIN ENTERPRISES, LLLP	

Principal Place of Business 5380 N. OCEAN DRIVE, UNIT 10-I SINGER ISLAND, FL 33404	Mailing Address 5380 N. OCEAN DRIVE, UNIT 10-I SINGER ISLAND, FL 33404
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



08162006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-1776701	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  EIDLIN, GARY 5380 N. OCEAN DRIVE, UNIT 10-I SINGER ISLAND, FL 33404
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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>	DATE _____
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**FILE NOW!!! FEE IS \$500.00**  
**Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	EIDLIN, GARY	STREET ADDRESS	
NAME	5380 N OCEAN DR	CITY-ST-ZIP	
STREET ADDRESS	SINGER ISLAND, FL 33404		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000000575250
NAME		CITY-ST-ZIP	08/25/06-90002-001 500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		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 # _____
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