

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

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000001207**

1. Entity Name  
**SULPHUR SPRINGS PARTNERS, LLLP**



Principal Place of Business  
**801 NE 167TH STREET, 2ND FLOOR  
NORTH MIAMI BEACH, FL 33162**

Mailing Address  
**801 NE 167TH STREET, 2ND FLOOR  
NORTH MIAMI BEACH, FL 33162**



01162006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0806331**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**STERN, JEROME H  
1920 E. HALLANDALE BEACH BOULEVARD  
SUITE 906  
HALLANDALE, FL 33009**

**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 \_\_\_\_\_

**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 # **P03000025843**  
NAME **THE WEISSER REALTY GROUP, INC.**  
STREET ADDRESS **801 NE 167TH STREET, 2ND FLOOR**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

DOCUMENT # **L04000052753**  
NAME **A & J SULPHUR SPRINGS GP LLC**  
STREET ADDRESS **1920 E. HALLANDALE BEACH BLVD., STE 906**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

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000000399066  
01/31/06-80023-024 500.00

**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

**1-17-06**  
Date

**305-690-9110**  
Daytime Phone #

STAPLE CHECK HERE