


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001368
 1. Entity Name
OROVITZ GRONDIN BROOKSVILLE, LLLP



Principal Place of Business Mailing Address
13635 DEERING BAY DRIVE, #224 **13635 DEERING BAY DRIVE, #224**
CORAL GABLES, FL 33158 **CORAL GABLES, FL 33158**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-1319499	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SIMON, GARY P ESQUIRE
C/O SIMON & SIMON, P.A.
9100 S. DADELAND BLVD., SUITE 504
MIAMI, FL 33156

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

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 #	
NAME	OROVITZ, W. JAMES
STREET ADDRESS	13635 DEERING BAY DRIVE, #224
CITY-ST-ZIP	CORAL GABLES, FL 33158
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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CITY-ST-ZIP	

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 01/12/06-80004-008 500.00

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STAPLE CHECK HERE

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: *W. James Orovitz* **W. JAMES OROVITZ** **1/5/06** **305-235-3200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #