

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jun 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001408

1. Entity Name
OBSTGARTEN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**16323 VINTAGE OAKS LANE
DELRAY BEACH, FL 33484**

Mailing Address
**16323 VINTAGE OAKS LANE
DELRAY BEACH, FL 33484**



04202006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1492046

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUBIN, SANDRA
16323 VINTAGE OAKS LANE
DELRAY BEACH, FL 33484**

**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: *Sandra Rubin*
Signature, typed or printed name of registered agent and title if applicable.

April 26, 2006
DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**000000566556
06/02/06-80003-002 500.00**

**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	RUBIN, SANDRA
STREET ADDRESS	16323 VINTAGE OAKS LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
DOCUMENT #	
NAME	RUBIN, MARVIN
STREET ADDRESS	16323 VINTAGE OAKS LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Marvin Rubin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

May 30, 2006
Date

561-637-4680
Daytime Phone #

STAPLE CHECK HERE