2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A04000001867

THE COELLO SPECIAL FAMILY LIMITED PARTNERSHIP



Principal Place of Business

345 N FORT LAUDERDALE BEACH BLVD **SUITE 307**

FT. LAUDERDALE, FL 33304

Mailing Address

345 N FORT LAUDERDALE BEACH BLVD SUITE 307

FT. LAUDERDALE, FL 33304

FILED Apr 10, 2006 08:00 AM Secretary of State



03202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLOTO, JAMES RESQ. C/O SLOTO, GREENBERG & BERK, P.A. 200 S. BISCAYNE BLVO., SUITE 3000 MIAMI, FL 33131

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		}
	named entity submits this statement for the purpose of changing its re- tions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
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 \$900.0	no
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be flied to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #		
NAME	COELLO, JULIO C M.D.	
STREET ADDRESS	345 N FORT LAUDERDALE BEACH BLVD #307	U0000050 030 6
CITY-ST-ZIP	FT. LAUDERDALE, FL 333044229	04/25/06-80039-025 500.0
DOCUMENT #		3 17 257 30 30000 320 30010

STREET ADDRESS CRY-ST-7P DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADORESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter (19, Florida Statutes, I luther 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 em 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:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

954- 4621786

Craytone Phone &