

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**DOCUMENT # A05000000143.**

1. Entity Name

THE LYNN FAMILY PARTNERSHIP, LTD.



Principal Place of Business

3650 N. 52ND AVENUE  
HOLLYWOOD FL 33021

Mailing Address

3650 N. 52ND AVENUE  
HOLLYWOOD FL 33021

06 MAY -1 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E003 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNN, BARRY  
3650 N. 52ND AVENUE  
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LYNN, BARRY  
3650 N. 52ND AVENUE  
HOLLYWOOD FL 33021

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**400074621914**  
**05/15/06--01046--008 \*\*\$500.00**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/15/06 954-987-4626