


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

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A05000000386 1. Entity Name JULIAN FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1598 NE 33 STREET FT. LAUDERDALE FL 33334	Mailing Address 1598 NE 33 STREET FT. LAUDERDALE FL 33334
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2. Principal Place of Business 1777 N.E. 37th St Suite, Apt. #, etc.	3. Mailing Address 1777 N.E. 37th St. Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/05)

City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL	4. FEI Number 20-2192609	Applied For Not Applicable
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Zip 33334	Country Broward	Zip 33334	Country Broward	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLISTON, TODD W 8211 W. BROWARD BLVD., STE. 375 PLANTATION FL 33324

7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____
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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. * 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P05000008758 JULIAN HOLDINGS, INC. 1598 NE 33 STREET FT. LAUDERDALE FL 33334
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	U00000532926 05/06/06-80103-001 500.00
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	

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: Gail A. Julian **Gail A. JULIAN** **04/18/06 (954) 566-0688**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #