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

DOCUMENT # A05000000435

1. Entity Name

BOWYER-KLEIN FAMILY LIMITED PARTNERSHIP

FILED
06 MAY -1 PM 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
800 CORPORATE DRIVE, SUITE 208 FT. LAUDERDALE FL 33334	800 CORPORATE DRIVE, SUITE 208 FT. LAUDERDALE FL 33334

1st MOORE CR2E003 (10/05)

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 02-0774561 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANDAL, VINCENT J JR. 800 CORPORATE DRIVE, SUITE 208 FT. LAUDERDALE FL 33334	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE NOW!!! Fee is $500. After May 1, 2006, fee will be $1000. -- 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 #	P06000029578	STREET ADDRESS	
NAME	BOWYER-KLEIN, INC.	CITY-ST-ZIP	
STREET ADDRESS	800 CORPORATE DRIVE, SUITE 208		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400075016754
NAME			05/22/06--01017--011 **500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: X Patricia Bowyer-Klein PATRICIA BOWYER-KLEIN 5/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING GENERAL PARTNER — Date — Daytime Phone #