


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10: 39

DOCUMENT # A05000000531		
1. Entity Name MICHELE FERRERA FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073	Mailing Address 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
04062006 Chg-LP	CR2E003 (11/05)
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERRERA, MICHELE 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073		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

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FERRERA, MICHELE TRUSTEE	STREET ADDRESS	
NAME	6601 LYONS ROAD, SUITE C-1	CITY-ST-ZIP	
STREET ADDRESS	COCONUT CREEK, FL 33073		
CITY-ST-ZIP			
DOCUMENT #	ROLFE, DIANE F	STREET ADDRESS	
NAME	6601 LYONS ROAD, SUITE C-1	CITY-ST-ZIP	
STREET ADDRESS	COCONUT CREEK, FL 33073		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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 05/05/06--01038--029 **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: Diane F. Rolfe April 11, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #