


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
06 MAY -1 PM 4:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A05000001096	
1. Entity Name PATRICIA BETH GOLDSTEIN FAMILY LTD	

Principal Place of Business 19955 NORTHEAST 38TH COURT, UNIT 2604 AVENTURA, FL 33180	Mailing Address 19955 NORTHEAST 38TH COURT, UNIT 2604 AVENTURA, FL 33180
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04202008 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	
GLASSER, GENE K C/O ABRAMS ANTON P.A. 2021 TYLER STREET HOLLYWOOD, FL 33020		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 #	GOLDSTEIN, PATRICIA BETH 19955 NE 38TH CT., UNIT 2604 AVENTURA, FL 33180	STREET ADDRESS	400075025904 05/22/06--01033--030 **500.00
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
		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: *Patricia Goldstein* **Patricia Goldstein** 4/25/06 (305) 607-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Designated Phone #