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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001162 1. Entity Name THE SIMON FAMILY INVESTMENTS LIMITED PARTNERSHIP					
Principal Place of Business 1801 S.E. 2ND STREET POMPANO BEACH, FL 33060			Mailing Address 1801 S.E. 2ND STREET POMPANO BEACH, FL 33060		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) 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, type or print name of registered agent and date 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 # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
SIMON, MICHAEL R 1801 S.E. 2ND STREET POMPANO BEACH, FL 33080			100075026351 05/22/06--01040--014 **\$500.00		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
SIMON, JENNIFER S 1801 S.E. 2ND STREET POMPANO BEACH, FL 33080					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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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: <u><i>Jennifer Simon</i></u> 4/24/06 954-942-8815 SIGNATURE AND TYPE OF SIGNER IN CASE OF CHANGING GENERAL PARTNER					

STAPLE CHECK HERE