

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:16

DOCUMENT # A05000001279

1. Entity Name
MARGULIES FAMILY COLLECTION, LTD.



Principal Place of Business
445 GRAND BAY DRIVE
KEY BISCAYNE, FL 33149

Mailing Address
445 GRAND BAY DRIVE
KEY BISCAYNE, FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

MARGULIES ARTWORK GENERAL PARTNER, LLC
445 GRAND BAY DRIVE
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

DATE

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 # L05000059165
NAME MARGULIES ARTWORK GENERAL PARTNER, LLC
STREET ADDRESS 445 GRAND BAY DRIVE
CITY-ST-ZIP KEY BISCAYNE, FL 33149

STREET ADDRESS

CITY-ST-ZIP

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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:

Katherine J. Hinds
KATHERINE J. HINDS PRESIDENT + MANAGER

March 20, 2006 305-365-3885
Date Daytime Phone #

STAPLE CHECK HERE