

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 6, 2006**

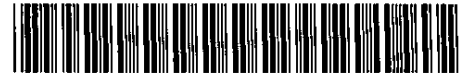
DOCUMENT # A05000001456 1. Entity Name T&M FREEMAN FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1281 COCOANUT ROAD BOCA RATON FL 33432	Mailing Address 1281 COCOANUT ROAD BOCA RATON FL 33432
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 29 AM 9:06



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2nd MOORE CR2E003 (4/06)

6. Name and Address of Current Registered Agent PHYSICIANS LAW CENTER, LLC 3452 W. BOYNTON BEACH BLVD. SUITE 5 BOYNTON BEACH FL 33436	7. Name and Address of New Registered Agent Name Mark Freeman MD Street Address (P.O. Box Number is Not Acceptable) 1281 Cocoanut Rd City Boca Raton FL Zip Code 33432
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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]* DATE **8/28/06**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

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File Now!!! Fee is \$900.00 · Due By September 6, 2006

**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 #	STREET ADDRESS
NAME	CITY - ST - ZIP
STREET ADDRESS	
CITY - ST - ZIP	800079735408
	09/12/06 01071 010 ***500.00
DOCUMENT #	STREET ADDRESS
NAME	CITY - ST - ZIP
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	STREET ADDRESS
NAME	CITY - ST - ZIP
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NAME	CITY - ST - ZIP
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CITY - ST - ZIP	
DOCUMENT #	STREET ADDRESS
NAME	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 19, 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: *[Signature]* DATE **8/3/06**

Daytime Phone #