

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001460

1. Entity Name
LASCO DEVELOPMENT, LLLP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -2 AM 10:18

Principal Place of Business: 4100 NORTH POWERLINE ROAD, SUITE B-2
 POMPAÑO BEACH, FL 33073
 Mailing Address: 4100 NORTH POWERLINE ROAD, SUITE B-2
 POMPAÑO BEACH, 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 |



1162006 Chg-LP CR2E003 (11/05)

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|---|--|
| 4. FEI Number 51-0550136 | 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 LASSER, LEE S 4100 NORTH POWERLINE ROAD, SUITE B-2 POMPAÑO BEACH, FL 33073 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ 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 # A05000000628 | NAME LEE S. LASSER FAMILY LIMITED PARTNERSHIP#2 | STREET ADDRESS | 1000658631 02/15/06 01004-018 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 FEB -2 AM 10:18 |
| STREET ADDRESS 4100 NORTH POWERLINE ROAD, SUITE B-2 | CITY-ST-ZIP POMPAÑO BEACH, FL 33073 | CITY-ST-ZIP | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | CITY-ST-ZIP | |
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| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 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: David Lasser David Lasser, Partner 1/18/06 954-975-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE