

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000001676

**FILED**  
**May 15, 2006**  
**Secretary of State**

**Entity Name:** A&A TOMESKI FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

899 MEADOWS ROAD STE 201  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

899 MEADOWS ROAD STE 201  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 20-4318835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRESLEY, MICHAEL R ESQ  
3482 BOYNTON BEACH BLVD STE 5  
BOYTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: TOMESKI, AUREA M.D.  
Address: 899 MEADOWS ROAD STE 201  
City-St-Zip: BOCA RATON, FL 33486

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AUREA R. TOMESKI,M.D.

MD

05/15/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date