

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001728 1. Entity Name LINDA B. HOWARD FAMILY INVESTMENTS, LTD.	
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FILED
 06 JUN -6 PM 12:29

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 20781 SALIDA TERRACE BOCA RATON, FL 33433-1641 US	Mailing Address 20781 SALIDA TERRACE BOCA RATON, FL 33433-1641 US
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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

03282006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3458679	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWARD FAMILY INVESTMENTS MANAGEMENT, LLC 20781 SALIDA TERRACE BOCA RATON, FL 33433-1641

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 fee 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 #	L05000087645	STREET ADDRESS	
NAME	HOWARD FAMILY INVESTMENTS MANAGEMENT, LLC	CITY - ST - ZIP	200075968262
STREET ADDRESS	20781 SALIDA TERRACE		06/08/06--01002--001 **500.00
CITY - ST - ZIP	BOCA RATON, FL 334331641		
DOCUMENT #		STREET ADDRESS	
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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: *Linda B. Howard* **LINDA B. HOWARD, Ph.D.**
June 1, 2006 **561-4837680**

STATE OF FLORIDA