

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001892 1. Entity Name FELDMAN FAMILY HOLDINGS, LTD.						MAY -1 11:04:0 TALLAHASSEE, FLORIDA	
Principal Place of Business 432 EAST COCONUT PALM ROAD C/O FELDMAN FAMILY INVESTMENTS, LLC BOCA RATON, FL 33432				Mailing Address 432 EAST COCONUT PALM ROAD C/O FELDMAN FAMILY INVESTMENTS, LLC BOCA RATON, FL 33432			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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 #	L05000100373			STREET ADDRESS			
NAME	FELDMAN FAMILY INVESTMENTS, LLC			CITY-ST-ZIP			
STREET ADDRESS	432 EAST COCONUT PALM ROAD			CITY-ST-ZIP			
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				CITY-ST-ZIP	200074615592 05/15/06--01008--025 **508.75		
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STREET ADDRESS				CITY-ST-ZIP			
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:				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Philip Feldman member			
				Date 4/28/06		Daytime Phone # 861-620-6000	

STAPLE CHECK HERE