



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000002117	
1. Entity Name PICARD FAMILY LIMITED PARTNERSHIP	

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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Principal Place of Business 20 COPPERGATE ROAD EAST GRANBY, CT 06026-9511	Mailing Address 20 COPPERGATE ROAD EAST GRANBY, CT 06026-9511
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	02062006 Chg-LP CR2E003 (11/05)
Zip	Country	4. FEI Number 20-2262179
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEHRMAN, RICHARD ALAN 777 ARTHUR GODFREY ROAD, FOURTH FLOOR MIAMI BEACH, FL 33140	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 _____ 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 # NAME STREET ADDRESS CITY-ST-ZIP	D05000000022 HARRISON REYNOLDS PICARD MANAGEMENT TRUST 20 COPPERGATE ROAD EAST GRANBY, CT 060269511	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	D05000000023 SALLY BORG PICARD MANAGEMENT TRUST 20 COPPERGATE ROAD EAST GRANBY, CT 060269511	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	

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~~02/28/06 01017-017 **500.00~~

STAPLE CHECK HERE

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: *Harrison R. Picard* **2/7/06** **860-565-5006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #