

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A17842

1. Entity Name
GARY WAKSTEIN FAMILY LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
06 MAR 27 AM 10:38

Principal Place of Business 204-A ELLAN LANE PANAMA CITY, FL 32408-5830	Mailing Address 204-A ELLEN LANE PANAMA CITY, FL 32408-5830
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2. Principal Place of Business 204-A Ellen Lane	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03162006 Chg-LP CR2E003 (11/05)

City & State	City & State	4. FEI Number 59-2438156	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent WAKSTEIN, GARY 119 GRAND HERON DRIVE PANAMA CITY BEACH, FL 32407	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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	
	WAKSTEIN, GARY	204-A ELLEN LANE		
		PANAMA CITY BCH., FL 32408		
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500069927915
 04/10/06--01024--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: **3/16/06** **850-234-6112**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #