

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A20081**

1. Entity Name  
1212 MEDICAL ARTS BUILDING, LTD.



Principal Place of Business  
1621 SE 8TH STREET  
FT. LAUDERDALE, FL 33316

Mailing Address  
1621 SE 8TH STREET  
FT. LAUDERDALE, FL 33316



01092006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2541229

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILVERSTEIN, MARTIN B  
1621 SE 8TH STREET  
FT. LAUDERDALE, FL 33316

**DO NOT WRITE  
IN THIS SPACE**

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 title 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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SILVERSTEIN, MARTIN B  
1621 SE 8TH STREET  
FT. LAUDERDALE, FL 33316

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
H95213  
1212 CORP.  
1621 SE 8TH STREET  
FT. LAUDERDALE, FL 33316

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000411930  
02/10/06-80027-009 500.00

**DO NOT WRITE  
IN THIS SPACE**

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]*

Martin B. Silverstein 1-23-06 761-7887 (954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE