

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A28083

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

**Entity Name:** FLOYD A. STERN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3616 HARDEN BLVD. #387  
LAKELAND, FL 338035938 US

**New Principal Place of Business:**

**Current Mailing Address:**

3616 HARDEN BLVD. #387  
LAKELAND, FL 338035938 US

**New Mailing Address:**

**FEI Number:** 59-2967376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STERN, FLOYD A  
3616 HARDEN BLVD. #387  
LAKELAND, FL, FL 338035938 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: STERN, FLOYD A., MD

Address: 3616 HARDEN BLVD. #387

City-St-Zip: LAKELAND, FL 338035938 US

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FLOYD A. STERN

GP

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date