


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT #A28121 1. Entity Name SAMAHA FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 905 VON PHISTER ST. KEY WEST, FL 33040	Mailing Address 905 VON PHISTER ST. KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0088660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAMAHA, FOUAD 905 VON PHISTER ST. KEY WEST, FL 33040-4747

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 #	P97000006652
NAME	CAPTAIN SAM'S RETREATS, INC.
STREET ADDRESS	905 VON PHISTER
CITY-ST-ZIP	KEY WEST, FL 33040
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

U00000393732
01/25/06-80033-014 500.00

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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: *Samaha FOUAD SAMAHA*

JAN. 16, 06 (305) 294 4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE