


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

**FILED
Mar 15, 2006 08:00 AM
Secretary of State**

DOCUMENT # A31013 1. Entity Name BOULANGER FAMILY LTD.	
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Principal Place of Business 1986 N.E. 149TH ST. NORTH MIAMI, FL 33179	Mailing Address 1986 N.E. 149TH ST. NORTH MIAMI, FL 33179
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02062006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0253360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JEWETT, CHARLES E
2514 HOLLYWOOD BLVD., SUITE #508
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

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 file # 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 BOULANGER, LAURIS	STREET ADDRESS	_____
STREET ADDRESS	2435 HXD. BLVD. #204	CITY-ST-ZIP	_____
CITY-ST-ZIP	HOLLYWOOD, FL		U00000468037 03/24/06-90017-004 500.00
DOCUMENT #	NAME BOULANGER, DIANE	STREET ADDRESS	_____
STREET ADDRESS	2435 HXD. BLVD. #204	CITY-ST-ZIP	_____
CITY-ST-ZIP	HOLLYWOOD, FL		_____
DOCUMENT #	NAME	STREET ADDRESS	_____
STREET ADDRESS		CITY-ST-ZIP	_____
CITY-ST-ZIP			_____
DOCUMENT #	NAME	STREET ADDRESS	_____
STREET ADDRESS		CITY-ST-ZIP	_____
CITY-ST-ZIP			_____
DOCUMENT #	NAME	STREET ADDRESS	_____
STREET ADDRESS		CITY-ST-ZIP	_____
CITY-ST-ZIP			_____

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:  **LAURIS Boulanger** 03/10/06 305-940-0106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #