

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A31889

1. Entity Name
THE STORCH FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**1792 SW CIMARRON CT.
PALM CITY, FL 34990**

Mailing Address
**1792 SW CIMARRON CT.
PALM CITY, FL 34990**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 10:16

DO NOT WRITE IN THIS SPACE

01072006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0278064

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RITTER, GREGORY J., ESQUIRE
C/O SHERMAN, WALDMAN, ET AL
700 WEST PALMETTO PARK ROAD, SUITE 409
BOCA RATON, FL 33433**

**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

**STORCH, ALAN E.
~~6455 NW 110TH AVE.~~
PARKLAND, FL 33076**

*NOTE
NEW ADD.*

DOC
NAM
STRE
CITY

**~~Dr. Alan Storch~~
1792 SW Cimarron Ct.
Palm City, FL 34990**

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STREET ADDRESS
CITY-ST-ZIP

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**900071645949
04/24/06--01070--007 **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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ALAN STORCH

3/27/06 772-287-4491

Date

Daytime Phone #

STAPLE CHECK HERE