

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A92000000254

1. Entity Name
BAL HARBOUR SHOPS, LLLP



Principal Place of Business
**9700 COLLINS AVENUE
BAL HARBOUR, FL 33154**

Mailing Address
**% MICHAEL D. KATZ, ESQUIRE
2699 S. BAYSHORE DR., 7TH FL.
MIAMI, FL 33133**



03232006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1421191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KATZ, MICHAEL D ESQUIRE
2699 S. BAYSHORE DR., 7TH FL
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

8. The above name 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 is typed or printed name of registered agent and file 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
**WHITMAN, WILLIAM F
9700 COLLINS AVENUE
BAL HARBOUR, FL 33154**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WHITMAN, STANLEY F
9700 COLLINS AVENUE
BAL HARBOUR, FL 33154**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WHITMAN, DUDLEY A
9700 COLLINS AVENUE
BAL HARBOUR, FL 33154**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WHITMAN, RANDALL A
9700 COLLINS AVENUE
BAL HARBOUR, FL 33154**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

000000482757
04/11/06-80068-022 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this report 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

STANLEY F. WHITMAN

3.23.06

305.866.0311

Date

Daytime Phone #

STAPLE CHECK HERE