


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A93000000234		
1. Entity Name PHILSHAR ENTERPRISES, LTD.		

Principal Place of Business 8517 CASA DEL LAGO #33B BOCA RATON FL 33433-2107	Mailing Address 8517 CASA DEL LAGO #33B BOCA RATON FL 33433-2107
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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



1st MOORE CR2E003 (10/05)

4. FEI Number 65-0473645		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 KOGEL, PHYLLIS 8517 CASA DEL LAGO #33B BOCA RATON FL 33433-2107		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 title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	KOGEL, PHYLLIS	CITY-ST-ZIP	
STREET ADDRESS	8517 CASA DEL LAGO #33B		U00000504700
CITY-ST-ZIP	BOCA RATON FL 33433-2107		04/26/06-80093-016 500.00
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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: Phyllis Kogel **Phyllis Kogel** 4/10/06

STAPLE CHECK HERE