


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

**FILED
Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # A93000000623					
1. Entity Name GERAMI FAMILY, LTD.					
Principal Place of Business 2320 NORTH ORANGE AVENUE, SUITE 201 ORLANDO, FL 32804			Mailing Address 2320 NORTH ORANGE AVENUE, SUITE 201 ORLANDO, FL 32804		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
01112006 Chg-LP CR2E003 (11/05)				4. FEI Number 59-3189833	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GERAMI, SOHRAB 2320 NORTH ORANGE AVENUE, SUITE 201 ORLANDO, FL 32804			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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		STREET ADDRESS		
	GERAMI, SOHRAB				
STREET ADDRESS	2320 NORTH ORANGE AVENUE, SUITE 201		CITY-ST-ZIP		
CITY-ST-ZIP	ORLANDO, FL 32804				
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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: _____			Date: 1/19/06		Daytime Phone #: 407-896-7111
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



STAPLE CHECK HERE