

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A93000000631

1. Entity Name
NJ FAMILY INVESTMENT COMPANY, LLLP



Principal Place of Business
15227 75TH WAY NORTH
PALM BEACH GARDENS, FL 33418

Mailing Address
15227 75TH WAY NORTH
PALM BEACH GARDENS, FL 33418



DO NOT WRITE IN THIS SPACE

01302006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0411002

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN SON, MARK
15227 75TH WAY NORTH
PALM BEACH GARDENS, FL 33418

**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 MARK VAN SON IRREVOCABLE TRUST AGREEMENT
STREET ADDRESS 15227 75TH WAY NORTH
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

DOCUMENT #
NAME KATHLEEN M MAHONEY IRREVOCABLE TRUST
STREET ADDRESS 1604 CHURCHILL COURT
CITY-ST-ZIP GREEN OAKS, IL 60048

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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03/22/06 00040-002 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/5/06 (561) 744-0718
Date Daytime Phone #