2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

	Due By	May 1, 2006		on PEHER	
DOCU	MENT # A930000	001133	(200 PM)	SECRETARY OF COME	STATE
1. Entity Name THE WILLIAM BRODY FAMILY LIMITED PARTNERSHIP				Cana	PRATIONS
) LIC AAILT	JAIN BROOT FAMILT	LIMIT ED PAR INERSHIP		06 JAN 27 AH	II: 56
Principal Place	e of Business	Mailing Address		•	
	ITREASURE DRIVE VILLAGE, FL 33141	1400 South Treasure Dri North Bay Village, Fl 33		4	
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				NOT APPLICABLE	Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent			er en
DAAR, ALY	YSON		4.1.2.4	And the second s	The second secon
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8. The above the obligation	named entity submits this statem ions of registered agent,	ent for the purpose of changing its regis	tered office or registe	red agent, or both, in the State of Flo	orida. Lam familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registere	d agent and this if applicable			CATE
		NOW!!! FEE IS \$500.00			DATE
	A GENERAL PARTN NOTE: General Partner	1, 2006, Fee will be \$900.00 IER THAT IS A BUSINESS ENTITY & MAY NOT be changed on the fo			
DOCUMENT /	GENERAL PAR	RINER INFORMATION			
NAME	DAAR, ALYSON	ļ.,	• • • • • • • • • • • • • • • • • • • •		
STREET ADDRESS CITY+SI-ZIP	1400 SOUTH TREASURE D NORTH BAY VILLAGE, FL				
DOCUMENT /					
NAME STREET ADDRESS	WOLFSON, RESA 1400 SOUTH TREASURE D	NDIVE		ر از	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL			5UUU E 02/01/060	3 4997975 1076—011
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indicated	on this report is true and accurat	ed with this filing does not qualify for the e and that my signature shall have the so	ame legal effect as if I	made under oath; that I am a Gener	I further certify that the information al Partner of the firmited partnership
or the reci	erver or trustee empowered to ex	ecute this report as required by Chapter	ozu, Horida Statutes		305-865
SIGNAT	URF.	Ulyson Ha	an	1-16-06	0001
J. W. 11	SIGNATURE AND TY	PED OR PROTED NAME OF SIGNING GENERAL PAR	TNER	Date	Daytime Phone #