


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

<b>DOCUMENT # A93000001133</b> 1. Entity Name <b>THE WILLIAM BRODY FAMILY LIMITED PARTNERSHIP</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 JAN 27 AM 11:56

Principal Place of Business 1400 SOUTH TREASURE DRIVE NORTH BAY VILLAGE, FL 33141	Mailing Address 1400 SOUTH TREASURE DRIVE NORTH BAY VILLAGE, FL 33141
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01042006 No Chg-LP      CR2E003 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>DAAR, ALYSON</b> <b>1400 SOUTH TREASURE DRIVE</b> <b>NORTH BAY VILLAGE, FL 33141</b>	
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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 \$500.00**  
**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	<b>DAAR, ALYSON</b>
STREET ADDRESS	<b>1400 SOUTH TREASURE DRIVE</b>
CITY-ST-ZIP	<b>NORTH BAY VILLAGE, FL 33141</b>
DOCUMENT #	
NAME	<b>WOLFSON, RESA</b>
STREET ADDRESS	<b>1400 SOUTH TREASURE DRIVE</b>
CITY-ST-ZIP	<b>NORTH BAY VILLAGE, FL 33141</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500064997975  
 02/01/06--01076--011 \*\*500.00

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:** *Alyson Daar*      1-16-06      305-865-0001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #