


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

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # A93000001169 1. Entity Name KRICKSTEIN PARTNERS LTD.	
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Principal Place of Business 7559 FAIRMONT COURT BOCA RATON FL 33496	Mailing Address 7559 FAIRMONT COURT BOCA RATON FL 33496
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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 65-0453192	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GLASSER, GENE K C/O ABRAMS, ANTON, ROBBINS, ET AL 2021 TYLER STREET HOLLYWOOD FL 33022

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 #	NAME	STREET ADDRESS	
NAME	KRICKSTEIN, HERBERT I		U00000508773
STREET ADDRESS	7559 FAIRMONT COURT	CITY-ST-ZIP	04/28/06-80020-006 500.00
CITY-ST-ZIP	BOCA RATON FL 33496		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	KRICKSTEIN, EVELYN		
STREET ADDRESS	7559 FAIRMONT COURT	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON FL 33496		
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STREET ADDRESS			
CITY-ST-ZIP			

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: Herbert Krickstein, M.D. Herbert Krickstein, M.D. 4/11/06 561-482-0096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #