

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

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



1st MOORE CR2E003 (10/05)

4. FEI Number **65-0453908** ☐ Applied For
☐ Not Applied

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

DOCUMENT # A94000000007
1. Entity Name
ARONOFF FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**C/O ROSALYN CRANE
4522 HAZELTON LANE
LAKE WORTH FL 33467**

Mailing Address
**C/O ROSALYN CRANE
4522 HAZELTON LANE
LAKE WORTH FL 33467**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**ARONOFF, JOEL S
4522 HAZELTON LANE
LAKE WORTH FL 33467**

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 *[Signature]* **4/7/06**
Signature, typed or printed name of registered agent and file 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	CRANE, ROSALYN	CITY - ST - ZIP	
STREET ADDRESS	4522 HAZELTON LANE		
CITY - ST - ZIP	LAKE WORTH FL 33467		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MORD, ANNETTE	CITY - ST - ZIP	
STREET ADDRESS	4392 JAMES ESTATE COURT		
CITY - ST - ZIP	LAKE WORTH FL 33467		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ARONOFF, HERBERT	CITY - ST - ZIP	
STREET ADDRESS	6771 FIJI CIRCLE		
CITY - ST - ZIP	BOYNTON BEACH FL 33437		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ARONOFF, JOEL	CITY - ST - ZIP	
STREET ADDRESS	759 EAST RAMBLING DRIVE		
CITY - ST - ZIP	WELLINGTON FL 33417		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
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: *Rosalyn Crane* **4/7/06** **561-432-225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE