

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

**FILED**  
**Feb 20, 2006**  
**Secretary**

**DOCUMENT # A94000000552**

1. Entity Name  
**RACK FAMILY INVESTMENTS, LTD.**



Principal Place of Business  
**C/O COLONY WEST COUNTRY CLUB**  
**6800 N.W. 88TH AVENUE**  
**TAMARAC, FL 33321**

Mailing Address  
**C/O COLONY WEST COUNTRY CLUB**  
**6800 N.W. 88TH AVENUE**  
**TAMARAC, FL 33321**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number  
**65-0491134**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RACK, NORMAN**  
**C/O COLONY WEST COUNTRY CLUB**  
**6800 N.W. 88TH AVENUE**  
**TAMARAC, FL 33321**

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, 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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **P94000024359**  
 NAME **RACK HOLDING CORP.**  
 STREET ADDRESS **C/O 6800 N.W. 88TH AVENUE**  
 CITY-ST-ZIP **TAMARAC, FL 33321**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000000440148**  
**03/02/06 80030-007 500.00**

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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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-14-06 954 721-7710**  
 Date Daytime Phone #

STA

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

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SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/13/06 696-2257**  
 Date Daytime Phone #