


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 10:55

DOCUMENT # A94000001117 1. Entity Name COOK FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1601 S. OCEAN LANE, APT 185 FT LAUDERDALE, FL 33316			Mailing Address 1601 S. OCEAN LANE, APT 185 FT LAUDERDALE, FL 33316		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01232006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number 65-0495246	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCIARRETTA, STEVEN A ESQUIRE SCIARRETTA & SCHNER, P.A. 1900 GLADES ROAD, SUITE 355 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name STEVEN A. SCIARRETTA, ESQ Street Address (P.O. Box Number is Not Acceptable) 2777 NW BOCA RATON BLVD City BOCA RATON FL Zip Code 33431	
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 <u><i>Joan Cook</i></u> DATE <u>4/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	NAME		STREET ADDRESS		
NAME	COOK, JOAN ANN		CITY-ST-ZIP		
STREET ADDRESS	1601 SOUTH OCEAN LANE				
CITY-ST-ZIP	FT LAUDERDALE, FL 33316				
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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: <u><i>Joan Cook</i></u> JOAN COOK DATE <u>4/8/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

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