

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

DOCUMENT # A95000000645

1. Entity Name

WEINER FAMILY LIMITED PARTNERSHIP # 1



FILED

06 JUN 26 AM 5:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1st MOORE CR2E003 (10/05)

Principal Place of Business

**3210 S OCEAN BLVD
#301
HIGHLAND BEACH FL 33487**

Mailing Address

**3210 S OCEAN BLVD
#301
HIGHLAND BEACH FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0497699

Applied For

Not Applicable

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

**WEINER FAMILY HOLDING CORP.
3210 S OCEAN BLVD
#301
HIGHLAND BEACH FL 33487**

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 *X Howard Weiner*
Signature, typed or printed name of registered agent and title if applicable.

X 6/20/06
DATE

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 # **P94000034385**
NAME **WEINER FAMILY HOLDING CORP.**
STREET ADDRESS **3210 S OCEAN BLVD #301**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**400075540454
06/27/06--01059--002 **900.00**

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: *X Howard Weiner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 6/20/06
Date Copying Phone #