2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000001130

1. Entity Name
RALPH MEITIN FAMILY PARTNERSHIP, LTD., LLLP

Principal Place of Business	Mailing Address
POST OFFICE BOX 162732 ALTAMONTE SPRINGS, FL 32716-2732	POST OFFICE BOX 162732 ALTAMONTE SPRINGS, FL 32716-2732

DO NOT WRITE IN THIS SPACE

03062006 No Chg-LP CR2E003 (11/05)

4. FEI Number
59-3329261
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M ESQUIRE
430 NORTH MILLS AVENUE
ORLANDO, FL 32803

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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 $500.00
After May 1, 2006, Fee will be $600.00

#2329

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

DOCUMENT #	
NAME	MEITIN, JULIAN
STREET ADDRESS	421 MONTGOMERY RD #141
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
DOCUMENT #	148507
NAME	ZELLWOOD FRUIT DISTRIBUTORS, INC.
STREET ADDRESS	421 MONTGOMERY RD #141
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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04/05/06-80034-007 500.00

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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: Julian R Meitin 3/17/06 4078057887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #