

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 6, 2006**

**FILED**

**06 MAY 31 AM 11:54**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



05052006 No Chg-LP CR2E003 (11/05)

**DOCUMENT # A95000001368**  
1. Entity Name  
**SHREDNICK FAMILY LIMITED PARTNERSHIP 95-I**



Principal Place of Business <b>% HABER 9865 CASA MAR DRIVE LAKE WORTH, FL 33467</b>	Mailing Address <b>% HABER 9865 CASA MAR DRIVE LAKE WORTH, FL 33467</b>
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0651966</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WOLFE, RICHARD C  
550 BRICKELL AVENUE  
PENTHOUSE SUITE  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \$900.00  
On or after September 6, 2006, Fee will be \$1000.00**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>SHREDNICK, SAMUEL JR. (Deceased 2/2/06) % HABER, 9865 CASA MAR DRIVE LAKE WORTH, FL 33467</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**300076017403  
06/08/06--01034--019 \*\*900.00**

**DO NOT WRITE  
IN THIS SPACE**

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:** Suzanne Haber for Sam Shrednick 5/5/06 (561)963-4006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Suzanne Haber

STAPLE CHECK HERE