

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED

06 MAY 31 AM 11:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A95000001368

1. Entity Name
SHREDNICK FAMILY LIMITED PARTNERSHIP 95-I



Principal Place of Business

% HABER
9865 CASA MAR DRIVE
LAKE WORTH, FL 33467

Mailing Address

% HABER
9865 CASA MAR DRIVE
LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE



05052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0651966

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 SHREDNICK, SAMUEL JR. (Deceased 2/2/06)
STREET ADDRESS % HABER, 9865 CASA MAR DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33467

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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