


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A95000001407 1. Entity Name DROZDOW FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 590 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160	Mailing Address 590 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160
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DO NOT WRITE IN THIS SPACE

03172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0655208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DROZDOW FAMILY GP CORP. 590 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160

**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 \$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	
DOCUMENT #	
NAME	DROZDOW, GILBERT
STREET ADDRESS	590 GOLDEN BEACH DRIVE
CITY-ST-ZIP	GOLDEN BEACH, FL 33160
DOCUMENT #	P95000072545
NAME	DROZDOW FAMILY GP CORP.
STREET ADDRESS	590 GOLDEN BEACH DRIVE
CITY-ST-ZIP	GOLDEN BEACH, FL 33160
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/02/06-80143-003 500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE