## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

NAME STREET ACOMESS CITY-ST-ZIP

SIGNATURE:

## FILED Apr 03, 2006 08:00 AM Secretary of State

719 473 4991

Due By May 1, 2006				11p1 00,	
DOCUMENT #A95000001828				Secr	etary of State
1. Entity Name ECKSTEIN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business Mailing Address 22464 LEWISTON AVENUE 22 W. CHEYENNE MOUNTAIN COLORADO SPRINGS, CO 809  COLORADO SPRINGS, CO 809				) (283)471 (484 ANIEL BINK BEKK BEKK	### ##################################
	O NOT MOIT	TIN THE COA	ce.	03092006 No Chg-LP	CRZE003 (11/05)
DO NOT WRITE IN THIS SPA				4. FEI Number 65-0621836	Applied For Not Applicable
				5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Curren	rt Registered Agent		<u>, , , , , , , , , , , , , , , , , , , </u>	
ECKSTEIN, PAUL F 22464 LEWISTON AVENUE PORT CHARLOTTE, FL 33952				DO NOT WI	
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, end accept					
the obligations of registered agent.					
SIGNATURE Signature, typed or printed regree of registered agent and title if applicable.  DATE					
FILE NOWIII FEE IS \$500.00 After May 1, 2005, Fee will be \$900.00				190000490 <b>801</b> 04718706-8007 <b>1-012</b> 500.00	
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.					
DOCUMENT / NAME STITEET ADDRESS CITY-ST-DP DOCUMENT & HAME STREET ADDRESS CITY-ST-ZIP DOCUMENT & NAME STREET ADDRESS	GENERAL PARTN ECKSTEIN, PAUL F 22 W. CHEYENNE MOUNTAIN COLORADO SPRINGS, CO 80	BLVD.		DO NOT WE IN THIS SPA	
CITY-ST-ZIP					

14. It hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118. 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 cath; 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

SMINATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER