

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A9500002067

1. Entity Name
BEAR FAMILY LIMITED PARTNERSHIP



SEC. 1. STATE
 DIVISION OF
 REGISTRATION

06 FEB 24 AM 10:05

Principal Place of Business
**625 NORTH FLAGLER DRIVE
 WEST PALM BEACH, FL 33401**

Mailing Address
**625 NORTH FLAGLER DRIVE
 WEST PALM BEACH, FL 33401**

2. Principal Place of Business
777 East Atlantic Avenue

3. Mailing Address
777 East Atlantic Avenue

Suite, Apt. #, etc.
Suite 303

Suite, Apt. #, etc.
Suite 303

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip
33483

Zip
33483

Country
USA

01062006 Chg-LP CR2E003 (11/05)

Applied For

Not Applicable

4. FEI Number
65-0640218

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATWICZYK, PETER ESQ
**625 NORTH FLAGLER DRIVE
 WEST PALM BEACH, FL 33401**

Name
Jeff Keating

Street Address (P.O. Box Number is Not Acceptable)
777 East Atlantic Ave., Suite 303

City
Delray Beach FL Zip Code
33483

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 \$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		13.	ADDRESS CHANGES ONLY
DOCUMENT #	NAME	STREET ADDRESS	777 East Atlantic Ave., Suite 303
NAME	625 NORTH FLAGLER DRIVE	CTY-ST-ZIP	8000673014008
STREET ADDRESS	WEST PALM BEACH, FL 33401		Delray Beach, FL 33483
CITY-ST-ZIP			\$500.00
DOCUMENT #		STREET ADDRESS	
NAME		CTY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CTY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *David Bear, L.S. David Bear, L.S.*

2/6/06 781-789-1778