

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

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000025**

1. Entity Name  
**THE ERNA SIMON FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**C/O HELGA BAGAN  
3590 SOUTH OCEAN BLVD.  
PALM BEACH, FL 33480**

Mailing Address  
**C/O DAVID S. EISEN  
1250 DEERE PARK LANE  
DEERFIELD, IL 60015**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-0634816**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BAGAN, HELGA  
3590 SOUTH OCEAN BLVD.  
PALM BEACH, FL 33480**

**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 \$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 # **F96000000070**  
NAME **SIMON-EISEN HOLDINGS, INC.**  
STREET ADDRESS **1250 DEERE PARK LANE**  
CITY-ST-ZIP **DEERFIELD, IL 60015**

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

1000000414825  
02/11/06-80051-023 500.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**David S. Eisen** *David S. Eisen* **Prof GP** **1/24/06** **312-726-9622**

STAPLE CHECK HERE