


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000000061 1. Entity Name THE ANITA R. SANDLER FAMILY LIMITED PARTNERSHIP		
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Principal Place of Business 1037 ALBEE FARM ROAD VENICE FL 34292	Mailing Address 8451 MIDNIGHT PASS RD. SARASOTA FL 34242
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 65-0634220	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HINES, JAMES P ESQUIRE HINES & ASSOCIATES, P.A. 315 S. HYDE PARK AVENUE TAMPA FL 33606
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____
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FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	UN00000455703
NAME	SANDLER, ANITA R TRUSTEE	CITY-ST-ZIP	03/15/06-80068-021 500.00
STREET ADDRESS	1037 ALBEE FARM ROAD		
CITY-ST-ZIP	VENICE FL 34292		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: <i>Anita Sandler</i> 2/20/06
