


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

**FILED**  
**May 06, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT #</b> A96000000082              |  |
| <b>1. Entity Name</b><br>L & S FAMILY, LTD. |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>5775 WEST HALLANDALE BEACH BLVD.<br>HOLLYWOOD FL 33023 | <b>Mailing Address</b><br>5775 WEST HALLANDALE BEACH BLVD.<br>HOLLYWOOD FL 33023 |
|--|--|



|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

1st MOORE CR2E003 (10/05)

|  |   |
|--|---|
| <b>4. FEI Number</b><br>65-0700925   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |   |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>COHN, ALAN B<br>C/O ABRAMS, ANTON, ROBBINS, RESNICK<br>2021 TYLER ST.<br>HOLLYWOOD FL 33022 |
|---|

|  |             |
|--|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

**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.**

|   |             |
|---|-------------|
| <b>SIGNATURE</b><br><small>Signature, typed or printed name of registered agent and filer if applicable</small> | <b>DATE</b> |
|---|-------------|

**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 |  |
|---------------------------------|----------------------------------|--------------------------|--|
| <b>DOCUMENT #</b>               |                                  | <b>STREET ADDRESS</b>    |  |
| <b>NAME</b>                     | STANTON, RICHARD                 | <b>CITY-ST-ZIP</b>       |  |
| <b>STREET ADDRESS</b>           | 5775 WEST HALLANDALE BEACH BLVD. |                          |  |
| <b>CITY-ST-ZIP</b>              | HOLLYWOOD FL 33023               |                          |  |
| <b>DOCUMENT #</b>               |                                  | <b>STREET ADDRESS</b>    |  |
| <b>NAME</b>                     | STANTON, LINDA                   | <b>CITY-ST-ZIP</b>       |  |
| <b>STREET ADDRESS</b>           | 5775 WEST HALLANDALE BEACH BLVD. |                          |  |
| <b>CITY-ST-ZIP</b>              | HOLLYWOOD FL 33023               |                          |  |
| <b>DOCUMENT #</b>               |                                  | <b>STREET ADDRESS</b>    |  |
| <b>NAME</b>                     |                                  | <b>CITY-ST-ZIP</b>       |  |
| <b>STREET ADDRESS</b>           |                                  |                          |  |
| <b>CITY-ST-ZIP</b>              |                                  |                          |  |
| <b>DOCUMENT #</b>               |                                  | <b>STREET ADDRESS</b>    |  |
| <b>NAME</b>                     |                                  | <b>CITY-ST-ZIP</b>       |  |
| <b>STREET ADDRESS</b>           |                                  |                          |  |
| <b>CITY-ST-ZIP</b>              |                                  |                          |  |
| <b>DOCUMENT #</b>               |                                  | <b>STREET ADDRESS</b>    |  |
| <b>NAME</b>                     |                                  | <b>CITY-ST-ZIP</b>       |  |
| <b>STREET ADDRESS</b>           |                                  |                          |  |
| <b>CITY-ST-ZIP</b>              |                                  |                          |  |

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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:** RICHARD STANTON *Richard Stanton* **4/26/06 954-966-8430**