


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A96000000150 1. Entity Name BONAN FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 100 SPOONBILL RD. MANALAPAN, FL 33462	Mailing Address SHANHOLT GLASSMAN KLEIN KRAMER 488 MADISON AVE., 10TH FL NEW YORK, NY 10022
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address 575 LEXINGTON AVE 19th FLOOR NEW YORK NY Zip Country 10022
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06 MAY -1 AM 9:41
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



04172006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0658493	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LYNCH, FRANCIS X J BAUGHER, METTLER & SHELTON 340 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480	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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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05/16/06--01016--024 **500.00

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: *Shane H L* 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE