

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

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

DOCUMENT # A96000000160		
1. Entity Name HOWARD FAMILY PARTNERS, LTD.		

Principal Place of Business 1111 LINCOLN ROAD, 4TH FLOOR MIAMI BEACH FL 33139	Mailing Address 1111 LINCOLN ROAD, 4TH FLOOR MIAMI BEACH FL 33139
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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

5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KLEIN, THEODORE J 16855 N.E. 2 AVENUE SUITE 301 NORTH MIAMI BEACH FL 33162		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.

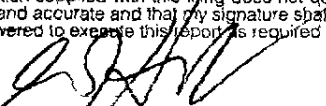
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	NAME	STREET ADDRESS	
STREET ADDRESS	HOWARD, EUGENE J	CITY- ST- ZIP	400000541661
CITY- ST- ZIP	1111 LINCOLN ROAD, 4TH FLOOR		05/10/06-80066-011 500.00
	MIAMI BEACH FL 33139		
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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:  **4/25/06** **305-538-6361**

STAPLE CHECK HERE