

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Aug 03, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A96000000163</b> 1. Entity Name FRANZBLAU FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 7898 LAINA LANE UNIT #4 BOYNTON BEACH, FL 33437	Mailing Address 7898 LAINA LANE UNIT #4 BOYNTON BEACH, FL 33437
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07252006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0626231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  DONOFF, CRAIG 6100 GLADES ROAD SUITE 204 BOCA RATON, FL 33434
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<b>DO NOT WRITE IN THIS SPACE</b>
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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**  
**Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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 #	
NAME	FRANZBLAU, AARON
STREET ADDRESS	7898 LAINA LANE UNIT #4
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
DOCUMENT #	
NAME	FRANZBLAU, SARAH
STREET ADDRESS	7898 LAINA LANE UNIT #4
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>000000573227 08/03/06-80002-001-500.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  **7/28/06** **973-328-6673**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE