

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000000682 1. Entity Name GOLUB FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 10611 BOCA WOODS LANE BOCA RATON, FL 33428	Mailing Address 10611 BOCA WOODS LANE BOCA RATON, FL 33428
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01202006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0660956	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLUB, BENJAMIN S 10611 BOCA WOODS LANE BOCA RATON, FL 33428
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**DO NOT WRITE
IN THIS SPACE**

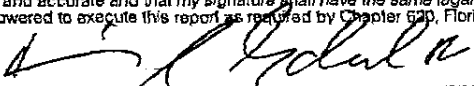
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature typed or printed name of registered agent and fee if applicable.	1000000464837 03/22/06-E00111-021 500.00 DATE
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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	
DOCUMENT #	
NAME	GOLUB, BENJAMIN S M.D.
STREET ADDRESS	10611 BOCA WOODS LANE
CITY - ST - ZIP	BOCA RATON, FL 33428
DOCUMENT #	
NAME	GOLUB, EDITH S
STREET ADDRESS	10611 BOCA WOODS LANE
CITY - ST - ZIP	BOCA RATON, FL 33428
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:  3-6-06 561-487-3088 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

BENJAMIN S. GOLUB

STAPLE CHECK HERE