


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Apr 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # A96000001188
1. Entity Name
BICHARA FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
**14701 SW 42ND WAY
MIAMI, FL 33185** **14701 SW 42ND WAY
MIAMI, FL 33185**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0668544	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BICHARA, RICARDO
14701 SW 42ND WAY
MIAMI, FL 33185**

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 _____ DATE _____
Signature, typed or printed name of registered agent and role 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BICHARA, RICARDO 14701 SW 42ND WAY MIAMI, FL 33185
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BICHARA, BLANCA C 14701 SW 42ND WAY MIAMI, FL 33185
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

U00000500916
04/25/06-80041-003 500.00

DO NOT WRITE IN THIS SPACE

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: B B 4/5/06 Date Office Phone #