2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

FILED Apr 12, 2006 08:00 AM Secretary of State

DOCUMENT # A9600001466 1. Entity Name THE LEONARD BRAWER FAMILY LIMITED PARTNERSHIP			Secretary of State
Principal Place of Business Mailing Address 1739 VESTAL WAY 1739 VESTAL WAY CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071			A CREATE AND A STATE AND A STATE AND A STATE AND A CHARGE
DO NOT WRITE IN THIS SPACE			03312008 No Chg-LP
6. Name and Address of Current Registered Agent BRAWER, MARC H 1739 VESTAL WAY CORAL SPRINGS, FL 33071			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.			
FILE NOWIII FEE IS \$500.00 After May 1, 2008, 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.			
DOCUMENT # NAME STIFE! ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP	GENERAL PARTNER INFORMATION P96000062597 LEONARD BRAWER FAMILY HOLDINGS, INC. 1739 VESTAL WAY CORAL SPRINGS, FL 33071		· -
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE
DOCUMENT # DOCUMENT # MAME STREET ADDRESS CSTY -S1-ZIP DOCUMENT # HAME			
STITLET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the sort on this report is true and accurate and that musionature shall have the sar	exemptions contained	d in Chapter (19, Florida Statutes, I further certify that the information nade under ceth; that I am a General Partner of the limited pertnership
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 pertnership or the receiver or trustee empowered to execute Itis report as required by Chapter 620, Florida Statutes			

STORIATURE AND TYPED OR PROVIDED NAME OF BIGNING GENERAL PARTNER