

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

**DOCUMENT # A96000001595**  
1. Entity Name  
**LETO BROTHERS FAMILY PARTNERSHIP, LTD.**



06 MAY -1 AM 5:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business: 3100 STIRLING RD. HOLLYWOOD FL 33021  
Mailing Address: 3100 STIRLING RD. HOLLYWOOD FL 33021

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

4. FEI Number: 65-0694347 Applied For: Not Applicable

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

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent  
**GLASSER, GENE K  
% ABRAMS, ANTON, ROBBINS, RESNICK ET AL  
2021 TYLER ST.  
HOLLYWOOD FL 33022**

7. Name and Address of New Registered Agent  
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	
DOCUMENT #	
NAME	LETO, JOHN A SR.
STREET ADDRESS	2550 NORTH PLACE
CITY-ST-ZIP	DAVIE FL 33325
DOCUMENT #	
NAME	LETO, PETER J SR.
STREET ADDRESS	3535 BROKENWOODS DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33065
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	6171 SHADOW TREE LANE
CITY-ST-ZIP	LAKE WORTH, FL 33463-8239
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600074660006
CITY-ST-ZIP	05/16/06 01019 012 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: John Leto JOHN LETO 4/17/06 954-989-9520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #