

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

**FILED**

06 JUN 15 AM 11:02

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # A96000001786**  
 1. Entity Name  
**THE WILKOV FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
~~4208 NW 1ST DR.~~  
~~DEERFIELD BEACH, FL 33442-9200~~  
**997 Bluewood Terrace**  
**WESTON, FL 33327-2052**

Mailing Address  
 11450 INTERCHANGE CIRCLE NORTH  
 GELBER & COMPANY  
 MIRAMAR, FL 33025



**DO NOT WRITE IN THIS SPACE**

06122006 No Chg-LP CR2E003 (11/05)

4. FEI Number <b>65-0697376</b>	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

WILKOV, HOWARD R  
~~4208 NW 1ST DR.~~  
~~DEERFIELD BEACH, FL 33442-9200~~  
**997 Bluewood Terrace**  
**WESTON, FL 33327-2052**

**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: Howard R Wilkov DATE: 6/12/2006

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 #	WILKOV, HOWARD R
NAME	997 BLUEWOOD TERRACE
STREET ADDRESS	WESTON, FL 333272052
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900076384729  
 06/20/06--01024--023 \*\*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: Howard R Wilkov DATE: 6/12/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #