2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A96000001912

1. Entity Name RUBINSTEIN FAMILY INVESTMENTS, LTD.



FILED May 04, 2006 08:00 Al Secretary of State

Principal Place of Business **6014 NW 30TH WAY** BOCA RATON, FL 33496

Mailing Address **6014 NW 30TH WAY** BOCA RATON, FL 33496



DO NOT WRITE IN THIS SPACE

02202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0701776 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

STAPLE CHECK HERE

SIGNATURE:

RUBINSTEIN, STUART 6014 N.W. 30TH WAY BOCA RATON, FL 33496		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 title if applicable.		DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	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 #	P96000007464	
NAME	RUBINSTEIN FAMILY INVESTMENTS, INC.	
STREET ADDRESS	6014 N.W. 30TH WAY	
CITY-ST-ZIP	BOCA RATON, FL 33496	
DOCUMENT#		
NAME DESCRIPTIONS		UNANASE3717
STREET ADDRESS		U00000563717 05/20/06-80024 - 010 500.00
		and the chart has applied
DOCUMENT#		
NAME STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		DO NOT WINTE
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP	/ \	

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 that my signature shall have the same legal effect as if made under oath; that I amy a General Partner of the limited partnership or the receiver or trustee employered to execute this report arrequired by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER