

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 6, 2006**

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000002065

1. Entity Name

**PHILIP M. & SYLVIA STEINBERG FAMILY LIMITED
PARTNERSHIP**



Principal Place of Business
**8814 BELLS MILL ROAD
POTOMIC MD 20854**

Mailing Address
**8814 BELLS MILL ROAD
POTOMIC MD 20854**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E003 (4/06)

City & State

City & State

4. FEI Number

65-0702567

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LILIENFELD, ROBERT CPA
2670 NE 215 ST
MIAMI FL 33180-2839**

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.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

File Now!!! Fee is \$900.00 Due By September 6, 2006

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000092066**
NAME **STEINBERG CORPORATION**
STREET ADDRESS **8814 BELLS MILL ROAD**
CITY-ST-ZIP **POTOMIC MD 20854**

STREET ADDRESS
CITY-ST-ZIP
U00000573307
08/04/06-80001-013 500.00

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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 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 605, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APR D SK **STEINBERG 7-28-06** **103** **982 7240**

STAPLE CHECK HERE