

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

**FILED  
Jun 27, 2006 8:00 A.M.  
Secretary of State**

DOCUMENT # A96000002321  
1. Entity Name  
THE FELDBAUM FAMILY PARTNERSHIP, LTD.



Principal Place of Business      Mailing Address  
385 N. POINT RD.                      385 N. POINT RD.  
MERIDIAN #803                          MERIDIAN #803  
OSPREY, FL 34229                      OSPREY, FL 34229

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country



06202006    Chg-LP                      CR2E003 (11/05)

4. FEI Number                      Applied For  
65-0721246                          Not Applicable

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

6. Name and Address of Current Registered Agent  
FELDBAUM, GERALDINE  
385 N. POINT RD.  
MERIDIAN #803  
OSPREY, FL 34229

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 \$900.00  
On or after September 6, 2006, Fee will be \$1000.00**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FELDBAUM, GERALDINE TRUSTEE 385 N. POINT RD., MERIDIAN #803 OSPREY, FL 34229	STREET ADDRESS	500076672285 06/28/06--01005--012 **\$900.00
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: James Feldbaum POA      Date: 6/22/06      Daytime Phone #: 941-266-0426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER