


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

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002364</b> 1. Entity Name <b>THE MALKIN FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>4089 ROBERTS POINT ROAD SARASOTA FL 34242</b>	Mailing Address <b>4089 ROBERTS POINT ROAD SARASOTA FL 34242</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country	1st MOORE      CR2E003 (10/05)  4. FEI Number <div style="border: 1px solid black; padding: 2px;"><b>65-0718197</b></div> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>MALKIN, RICHARD B M.D. 4089 ROBERTS POINT ROAD SARASOTA FL 34242</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MALKIN, RICHARD B M.D.	STREET ADDRESS	
NAME	4089 ROBERTS POINT ROAD	CITY - ST - ZIP	
STREET ADDRESS	SARASOTA FL 34242		
CITY - ST - ZIP			
DOCUMENT #	MALKIN, CYNTHIA S	STREET ADDRESS	
NAME	4089 ROBERTS POINT ROAD	CITY - ST - ZIP	
STREET ADDRESS	SARASOTA FL 34242		
CITY - ST - ZIP			
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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 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: Richard B. Malkin      Richard B. Malkin      1/31/06      941-349-421

STAPLE CHECK HERE