


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

DOCUMENT # A96000002412			
1. Entity Name GALUTEN LIMITED PARTNERSHIP			
Principal Place of Business 2030 SOUTH OCEAN DRIVE, NUMBER 414 HALLANDALE FL 33009		Mailing Address 2030 SOUTH OCEAN DRIVE, NUMBER 414 HALLANDALE FL 33009	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2006 APR 26 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent WACHS, JEFFREY S 1177 SE THIRD AVE. FT. LAUDERDALE FL 33316		7. Name and Address of New Registered Agent Name JOSEPH L. SCHWARTZ, ESQ. Street Address (P.O. Box Number is Not Acceptable) Miller, Schwartz & Miller, P.A. 2435 Hollywood Boulevard City Hollywood FL Zip Code 33020	
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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

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

DATE

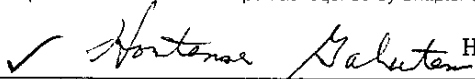
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	NAME	STREET ADDRESS	
STREET ADDRESS	GALUTEN, ROBERT	CITY-ST-ZIP	400073711524
CITY-ST-ZIP	2030 SOUTH OCEAN DRIVE, NUMBER 414 HALLANDALE FL 33009		05/02/06--01003--014 **500.00
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	GALUTEN, HORTENSE	CITY-ST-ZIP	
CITY-ST-ZIP	2030 SOUTH OCEAN DRIVE, NUMBER 414 HALLANDALE FL 33009		
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STREET ADDRESS		CITY-ST-ZIP	
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:



Hortense Galuten

3/15/06 (954) 454-1081

STAPLE CHECK HERE