

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

**DOCUMENT # A97000000099**

1. Entity Name  
**MIZNER LAKE ESTATES, LIMITED PARTNERSHIP**



Principal Place of Business

**1200 S. ROGERS CIRCLE, SUITE #11  
BOCA RATON, FL 33487**

Mailing Address

**1200 S. ROGERS CIRCLE, SUITE #11  
BOCA RATON, FL 33487**



01192006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0716554**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**POPKIN, EDWARD D ESQUIRE  
5355 TOWN CENTER ROAD  
STE. 801  
BOCA RATON, FL 33431-7360**

**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 \$900.00**

**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 # **P96000097976**  
NAME **MIZNER LAKE ESTATES, INC.**  
STREET ADDRESS **1200 S. ROGERS CIRCLE, #11**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

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02/10/06-80030-002 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1/19/06 561-994-1375**

STAPLE CHECK HERE