


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jun 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000168 1. Entity Name DEM FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 12920 NW 9 LANE MIAMI, FL 33182	Mailing Address 12920 NW 9 LANE MIAMI, FL 33182
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DO NOT WRITE IN THIS SPACE



05302006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0726940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEM MANAGEMENT CORP. 12920 NW 9 LANE MIAMI, FL 33182

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

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

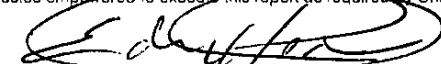
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	P97000005385
NAME	DEM MANAGEMENT CORP.
STREET ADDRESS	12920 NW 9 LANE
CITY-ST-ZIP	MIAMI, FL 33182
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **5/31/06** **305-4853338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE