

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000325

1. Entity Name
FEISS FAMILY LIMITED PARTNERSHIP



Principal Place of Business

**4875 NORTH FEDERAL HIGHWAY, SEVENTH FLOOR
FT LAUDERDALE, FL 33308**

Mailing Address

**ATTN: ARTHUR ROSENBERG
4875 NORTH FEDERAL HIGHWAY, SEVENTH FLOOR
FORT LAUDERDALE, FL 33308**



04022006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0723894

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSENBERG, ARTHUR R
4875 NORTH FEDERAL HIGHWAY, SEVENTH FLOOR
FORT LAUDERDALE, FL 33308**

**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 # **P97000008824**
NAME **AQUAVISTA OF FORT LAUDERDALE, INC.**
STREET ADDRESS **4875 NORTH FEDERAL HIGHWAY, SEVENTH FLOOR**
CITY- ST- ZIP **FORT LAUDERDALE, FL 33308**

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U00000504685
04/26/06-80083-008 500.00

**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 #

4/27/06

954-454-1226

STAPLE CHECK HERE