


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000369

1. Entity Name
LUSTGARTEN FINANCIAL LIMITED PARTNERSHIP



Principal Place of Business
**1850 HOMEWOOD BLVD., #408
 DELRAY BEACH, FL 33445**

Mailing Address
**1850 HOMEWOOD BLVD., #408
 DELRAY BEACH, FL 33445**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-0737696

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, BARBARA
 2500 N. MILITARY TRAIL, #260
 BOCA RATON, FL 33431**

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
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 #	
NAME	LUSTGARTEN, KAREN
STREET ADDRESS	1850 HOMEWOOD BLVD., #408
CITY-ST-ZIP	DELRAY BEACH, FL 33445
DOCUMENT #	
NAME	
STREET ADDRESS	
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 04/27/06-80001-012 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: *Karen Lustgarten* **KAREN LUSTGARTEN** 4/10/06 561/266-9084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #