


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

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

DOCUMENT # A97000000418			
1. Entity Name HECHTMAN FAMILY INVESTMENT COMPANY, LTD.			
Principal Place of Business 4650 SEXTANT CIRCLE BOYNTON BEACH FL 33436		Mailing Address 4650 SEXTANT CIRCLE BOYNTON BEACH FL 33436	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent HECHTMAN, WILLIAM 4650 SEXTANT CIRCLE BOYNTON BEACH FL 33436		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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	

1st MOORE

CR2E003 (10/05)

4. FEI Number
65-6230973

Applied For
Not Applied

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

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 #	HECHTMAN, WILLIAM TRUSTEE	STREET ADDRESS	000000465300
NAME	4650 SEXTANT CIRCLE	CITY-ST-ZIP	03/22/06-80030-011 500.00
STREET ADDRESS	BOYNTON BEACH FL 33436		
CITY-ST-ZIP			
DOCUMENT #	HECHTMAN, ELAINE TRUSTEE	STREET ADDRESS	
NAME	4650 SEXTANT CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	BOYNTON BEACH FL 33436		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:

William Hechtman

3/7/06

561-369-3925