


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000824

1. Entity Name
WOOL FAMILY, LTD.



Principal Place of Business
**2506 PRINCETON CT.
 FT LAUDERDALE, FL 33327**

Mailing Address
**2506 PRINCETON CT.
 FT LAUDERDALE, FL 33327**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-0764649

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COHN, ALAN B
 C/O ABRAMS, ANTON, ROBBINS, RESNICK, ETAL
 2021 TYLER STREET
 HOLLYWOOD, FL 33022**

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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 STREET ADDRESS CITY - ST - ZIP | LOPATIN, SUSAN 2506 PRINCETON CT. FT LAUDERDALE, FL 33327 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | WOOL, RANDY 2506 PRINCETON CT. FT LAUDERDALE, FL 33327 |
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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: *Susan Lopatin* **2/6/06** **954-389-5623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #