

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000000927

1. Entity Name
TORNBERG FAMILY LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 9:50

Principal Place of Business
19667 TURNBERRY WAY, SUITE 11 J
AVENTURA, FL 33180

Mailing Address
19667 TURNBERRY WAY, SUITE 11 J
AVENTURA, FL 33180

2. Principal Place of Business
500 BAYVIEW DR, PH24
 Suite, Apt. #, etc.

3. Mailing Address
500 BAYVIEW DR, PH24
 Suite, Apt. #, etc.



02132006 Chg-LP CR2E003 (11/05)

City & State
SUNNY ISLES BEACH, FL
 Zip
33160
 Country
USA

City & State
SUNNY ISLES BEACH, FL
 Zip
33160
 Country
USA

4. FEI Number
65-0748804
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ.
C/O NELSON & LEVINE, P.A.
2775 SUNNY ISLES BLVD., STE. 118
N. MIAMI BEACH, FL 33160

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 _____
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000023335	STREET ADDRESS	500 BAYVIEW DR, PH24
NAME	TORNBERG FAMILY HOLDINGS, INC.	CITY - ST - ZIP	SUNNY ISLES BEACH, FL 33160
STREET ADDRESS	19667 TURNBERRY WAY, SUITE 11 J		
CITY - ST - ZIP	AVENTURA, FL 33180		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	500068091025
STREET ADDRESS			03/20/06--01012--014 **\$500.00
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

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: Andrew Gold ANDREW GOLD 2-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE