

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000975**

1. Entity Name

**BURSTIN FAMILY LIMITED PARTNERSHIP #1, LTD.**



Principal Place of Business

**4047 AINSLIE C, CENTURY VILLAGE  
BOCA RATON, FL 33434**

Mailing Address

**4047 AINSLIE C, CENTURY VILLAGE  
BOCA RATON, FL 33434**



03282006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

**65-0750722**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**LABINER, PAUL S  
2255 GLADES ROAD, SUITE 422A  
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

Signature, typed or printed name of registered agent and title if applicable

**U000000503539**  
**04/26/06-80037-005 500.00**  
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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BURSTIN, MARILYN TRUSTEE  
4047 AINSLIE C, CENTURY VILLAGE  
BOCA RATON, FL 33434**

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**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 #

**x4/10/06 561-487-3525**

STAPLE CHECK HERE.