

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

**FILED**  
**Jun 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001285**

1. Entity Name

**SELIGMAN FAMILY INVESTMENT PARTNERSHIP, LTD.**



Principal Place of Business

**BROKEN SOUND CLUBSIDE POINT  
469 WOLDUNN CIRCLE  
LAKE MARY FL 32746**

Mailing Address

**PO BOX 952948  
LAKE MARY FL 32795-2948**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0767580**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E003 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASARCH, STEVEN J ESQUIRE  
1900 N.W. CORPORATE BOULEVARD  
SUITE 400 EAST  
BOCA RATON FL 33431**

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

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

DATE

**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 # **P97000039460**  
NAME **SELIGMAN FAMILY INVESTMENTS, INC.**  
STREET ADDRESS **469 WOLDUNN CIRCLE**  
CITY-ST-ZIP **LAKE MARY FL 32746**

STREET ADDRESS

CITY-ST-ZIP

**0000003567203  
06/14/06-80002-013 500.00**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**HARRY SELIGMAN**

**04/29/06**

Date

**407-330-9373**

Daytime Phone #

STAPLE CHECK HERE