


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

REC'D
 SEC. DIVISION OF STATE
 CORPORATIONS
 06 FEB 20 AM 8:49

DOCUMENT # A97000001349

1. Entity Name
 TFP HOLDINGS, LTD.



Principal Place of Business 210 174TH ST., #1819 SUNNY ISLES BEACH, FL 33160	Mailing Address 210 174TH ST., #1819 SUNNY ISLES BEACH, FL 33160
--	--

2. Principal Place of Business <i>183-05 BISCAYNE BLVD</i>	3. Mailing Address <i>183-05 BISCAYNE BLVD</i>
Suite, Apt. #, etc. <i>304</i>	Suite, Apt. #, etc. <i>304</i>
City & State <i>AVENTURA FL</i>	City & State <i>AVENTURA FL</i>
Zip <i>33160</i>	Country
Zip <i>33160</i>	Country



02162006 Chg-LP CR2E003 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIROSH, PETER
 210 174TH ST., UNIT #1819
 SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
183-05 BISCAYNE BLVD

H 304

City *AVENTURA* FL Zip Code *33160*

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 #	TIROSH, PETER	STREET ADDRESS	<i>183-05 BISCAYNE BLVD #304</i>
NAME	210 174TH ST., #1819	CITY-ST-ZIP	<i>AVENTURA, FL 33160</i>
STREET ADDRESS	SUNNY ISLES BEACH, FL 33160		
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			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

100066804571
 02/28/06--01022--019 **500.00

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: *PETER TIROSH* DATE: *02/16/2006* DAYTIME PHONE #: *305 682 1211*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER