


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SEC. OF STATE
 DIVISION OF CORPORATIONS

06 FEB 20 AM 8:49

DOCUMENT # A97000001349 1. Entity Name TFP HOLDINGS, LTD.	
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Principal Place of Business 210 174TH ST., #1819 SUNNY ISLES BEACH, FL 33160	Mailing Address 210 174TH ST., #1819 SUNNY ISLES BEACH, FL 33160
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2. Principal Place of Business 183-05 BISCAYNE BLVD Suite, Apt. #, etc. 304	3. Mailing Address 183-05 BISCAYNE BLVD Suite, Apt. #, etc. 304
City & State AVENTURA FL	City & State AVENTURA FL
Zip 33160	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
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	TIROSH, PETER	STREET ADDRESS	183-05 BISCAYNE BLVD #304
NAME	210 174TH ST., #1819	CITY-ST-ZIP	AVENTURA, FL 33160
STREET ADDRESS	SUNNY ISLES BEACH, FL 33160		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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

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 02/16/2006 305 682 1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE