


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

**FILED**

**Apr 17, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # A97000001420</b> 1. Entity Name <b>MYSTIC PARK FAMILY LIMITED PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>6612 NW 24TH AVE BOCA RATON FL 33496</b>	Mailing Address <b>6612 NW 24TH AVE BOCA RATON FL 33496</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number <b>65-0768211</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SISISKY, SAMUEL M 6612 NW 24TH AVE BOCA RATON FL 33496</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. \*\*\* 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 #		STREET ADDRESS	
NAME	<b>SISISKY, SAMUEL M</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>6612 NW 24TH AVE</b>		
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>SHAFF, MARILYN E</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>13585 KILTIE COURT</b>		
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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04/29/06-80231-009 500.00

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:** *Samuel M. Sisisky* **SAMUEL M. SISISKY** 4/7/06 (561) 241-8522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER TRUSTEE Date Daytime Phone #