


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

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001603**  
 1. Entity Name  
**FLORIDA/BEARSS ASSOCIATES LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**27001 U.S. HIGHWAY 19 NORTH SUITE 2095**      **27001 U.S. HIGHWAY 19 NORTH SUITE 2095**  
**CLEARWATER, FL 33761**      **CLEARWATER, FL 33761**



02282006 No Chg-LP      CR2E003 (11/05)

4. FEI Number <b>59-3459503</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
**SCHER, H S**  
**503 ERIE AVE.**  
**TAMPA, FL 33606**

**DO NOT WRITE IN THIS SPACE**

6. 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	
DOCUMENT #	P97000063810
NAME	FLORIDA/BEARSS, INC.
STREET ADDRESS	27001 U.S. HIGHWAY 19 NORTH SUITE 2095
CITY-ST-ZIP	CLEARWATER, FL 33761
DOCUMENT #	
NAME	
STREET ADDRESS	
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000000496320  
 04/22/06-80032-015 508.75

**DO NOT WRITE IN THIS SPACE**

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:** *Loren M Pollack* **Loren M Pollack**      3/23/06      727 796-1077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #