

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000001897

1. Entity Name
LEHRER FAMILY INVESTMENT CO., LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB -2 AM 10:16

Principal Place of Business
 936 INTRACOASTAL DRIVE, APT. 21-C
 FORT LAUDERDALE, FL 33308

Mailing Address
 2100 E. COMMERCIAL BLVD.
 FT. LAUDERDALE, FL 33308

2. Principal Place of Business

2100 E. commercial Blvd
 Suite, Apt. #, etc. *NA*

3. Mailing Address

same
 Suite, Apt. #, etc.

City & State

FT. lauderdale FL

City & State

same

Zip

33308

Country

USA

Zip

same

Country

same



01232006 Chg-LP CR2E003 (11/05)

4. FEI Number
 65-0777556

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEHRER, THEODOR
 2100 E. COMMERCIAL BLVD.
 FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

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 \$500.00
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 #
 NAME THEODOR LEHRER, TRUSTEE
 STREET ADDRESS 2100 E. COMMERCIAL BLVD.
 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800065863018
 02/15/06--01004--015 **\$500.00

DOCUMENT #
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 CITY-ST-ZIP

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STREET ADDRESS

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:

Thawar Khan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-24-06 954-772-0933

Date

Daytime Phone #

STAPLE CHECK HERE