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

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SIGNATURE:

## Jan 31, 2006 08:00 AM Secretary of State DOCUMENT # A97000002258 1. Entity Name THE HERNANDEZ-ABAD FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 4799 NORTH FEDERAL HIGHWAY #4 BOCA RATON FL 33431 4799 NORTH FEDERAL HIGHWAY #4 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. CR2E003 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0784537 Not Applicable ZID Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name RICHMAN, SCOTT G ESQ. 19 W. FLAGLER STREET, 14TH FLOOR Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33040** City 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 DATE Signature, typed or united 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 & P98000089526 STREET ADDRESS NAME LAWRENCE REALTY MANAGEMENT, INC. STREET ADDRESS 4799 NORTH FEDERAL HIGHWAY #4 C)TY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 02/10/06-80025-004 500.00 DOCUMENT # STREET ADDRESS MAME STREET ACCRESS City-S1-2iP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NUME STREET ADDRESS CITY-ST-ZP CITY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP E)TY-ST-709 DOCUMENT ( STRUCT AUDRESS STREET ADDRESS CITY-ST-21P CULY-SR-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CRY-ST-ZN 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 pariness or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

FILED

124/06 561-750-8600