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

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002710

1. Entity Name

NORMAN AND LILA SIEGEL FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
2228 ORIOLE DRIVE SARASOTA FL 34239-3731	2228 ORIOLE DRIVE SARASOTA FL 34239-3731

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 65-6253593 Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIEGEL, NORMAN 2228 ORIOLE DRIVE SARASOTA FL 34239	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.

U00000503536
04/26/06-80037-004 500.00

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	SIEGEL, NORMAN		
STREET ADDRESS	2228 ORIOLE DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	SARASOTA FL 34239		
DOCUMENT #		STREET ADDRESS	
NAME	SIEGEL, RUTH LILA		
STREET ADDRESS	2228 ORIOLE DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	SARASOTA FL 34239		
DOCUMENT #		STREET ADDRESS	
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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: Norman Siegel NORMAN SIEGEL 04.07.06 941.955.1483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #