

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002875

1. Entity Name
SENTNOR FAMILY LIMITED PARTNERSHIP #1, LTD.



Principal Place of Business
**8511 LEEWAY LANE
BOYNTON BEACH, FL 33436**

Mailing Address
**8511 LEEWAY LANE
BOYNTON BEACH, FL 33436**



04222006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0802769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LABINER, PAUL S
5499 N. FEDERAL HIGHWAY STE. K
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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.

100000535381
05/08/2006-2006-011 500.00
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	SENTNOR, SEYMOUR TRUSTEE
STREET ADDRESS	8511 LEEWAY LANE
CITY - ST - ZIP	BOYNTON BEACH, FL 33436

DOCUMENT #	
NAME	SENTNOR, MARILYN A TRUSTEE
STREET ADDRESS	8511 LEEWAY LANE
CITY - ST - ZIP	BOYNTON BEACH, FL 33436

DOCUMENT #	
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CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: MARILYN SENTNOR *Marilyn Sentnor* **4/23/06** **561-369-5328**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE