


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

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002897 1. Entity Name KALBACK FAMILY REAL ESTATE LTD.					
Principal Place of Business 6262 BIRD ROAD SUITE 2J SO. MIAMI FL 33155			Mailing Address P.O. BOX 55-9033 MIAMI FL 33255-9033		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0806234 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E003 (10/05)	
6. Name and Address of Current Registered Agent SIMON, GARY P ESQ. 9100 S. DADELAND BLVD., SUITE 504 MIAMI FL 33156-7815			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 <i>Mary</i> DATE <small>Signature typed or printed name of registered agent and title if applicable</small>					
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 # NAME STREET ADDRESS CITY-ST-ZIP	L99000003417 KALBACK REAL ESTATE LLC P.O. BOX 55-9033 MIAMI FL 33255-9033		STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> U00000424910 02/18/06-80071-010-500.00 </div>	
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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: <i>Mary Lumanick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<div style="text-align: right;"> 2/6/06 (905) 666-1773 <small>Date Daytime Phone #</small> </div>		

STAPLE CHECK HERE