
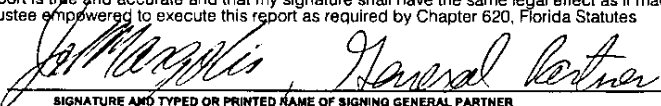


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JAN 24 AM 9:14

<b>DOCUMENT # A97000002916</b>						
1. Entity Name <b>THE MARGOLIS FAMILY LIMITED PARTNERSHIP</b>						
Principal Place of Business <b>9990 S.W. 77TH AVENUE, SUITE 330          MIAMI, FL 33156-2699</b>		Mailing Address <b>9990 S.W. 77TH AVENUE, SUITE 330          MIAMI, FL 33156-2699</b>				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01042006 Chg-LP CR2E003 (11/05) 4. FEI Number <b>65-0823806</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For	Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
<b>MARGOLIS, JOHN</b> <b>9990 S.W. 77TH AVENUE, SUITE 330</b> <b>MIAMI, FL 33156</b>			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City			
			<b>FL</b> 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 printed name of registered agent and title if applicable.						
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>						
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>						
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY			
DOCUMENT #	NAME		STREET ADDRESS	300064998313 02/01/06--01076--022 **500.00		
STREET ADDRESS	MARGOLIS, MARJORIE		CITY-ST-ZIP			
CITY-ST-ZIP	691 S.W. ELM TREE LANE BOCA RATON, FL 33486					
DOCUMENT #	NAME		STREET ADDRESS			
STREET ADDRESS	MARGOLIS, JOHN A		CITY-ST-ZIP			
CITY-ST-ZIP	9990 SW 77TH AVE., STE. 330 MIAMI, FL 33156					
DOCUMENT #	NAME		STREET ADDRESS			
STREET ADDRESS	MARGOLIS, ROBERT A		CITY-ST-ZIP			
CITY-ST-ZIP	1150 UPPER HAMBREE RD ROSWELL, GA 30076					
DOCUMENT #	NAME		STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP						
DOCUMENT #	NAME		STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP						
DOCUMENT #	NAME		STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
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						
<b>SIGNATURE:</b>		 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		11/18/06 (205) 595-1911 Date Daytime Phone #		

STAPLE CHECK HERE