2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

CATY - ST - ZIP

FILED Feb 02, 2006 08:00 AM Secretary of State

·	Due by ma	y 1, 2000		Coonst	away of State
DOCUMENT # A9800000345 1. Entity Name ROGOVER FAMILY LTD.			Secret	ary of State	
Principal Place 1190 N.W. 15 MIAMI, FL 33	S9TH DRIVE	Meiling Address 1190 N.W. 159TH DRIVE MIAMI, FL 33169		- - הפשר מנופש מומפט מוויפט פוויפט לושויאפטי	1) RBUD BRIU BRITR (UU) BURK BYUKU 81 (BRI
DO NOT WRITE IN THIS SPA			CE	01192006 No Chg-LP	CR2E003 (11/05)
				4. FEI Number 65-0780594	Applied For Not Applicable
				5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			
COHN, ALAN B C/O ABRAMS, ANTON, ROBBINS, ET AL 2021 TYLER STREET HOLLYWOOD, FL 33022			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 it applicable.					
	FILE NOW	III FEE IS \$500.00 006, 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 STREET ADDRESS CITY - ST - ZIP	ROGOVER, BERNARD 1190 N.W. 159TH DRIVE MIAMI, FL 33169				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				U00000 02/11/06∹	415907 80102-005 500.00
DOCUMENT F NAME STREET ADDRESS GITY-ST-ZIP	15 C			DO NOT W	
DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP				IN THIS SP	ACE
DOCUMENT 1 NAME STREET ADDRESS GITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		
DOCUMENT / NAME STREET ABORESS			,		

14. I hereby certify that the information supplied with this filling 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