

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT #A98000000831

1. Entity Name
THE GLICKSMAN FAMILY PARTNERSHIP, LTD.



Principal Place of Business

HOWARD M GLICKSMAN, MD/BERNARDA GLICKSMAN
4603 LAKE IN THE WOODS DR.
SPRING HILL, FL 34607

Mailing Address

HOWARD M GLICKSMAN, MD/BERNARDA GLICKSMAN
4603 LAKE IN THE WOODS DR.
SPRING HILL, FL 34607



01152008 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEL Number
59-3511330

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS RD., STE. 230
JACKSONVILLE, FL 32256

**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

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
STREET ADDRESS
CITY-ST-ZIP
GLICKSMAN, HOWARD M M.D.
4603 LAKE IN THE WOODS DR.
SPRING HILLS, FL 34607

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
GLICKSMAN, BERNARDA
4603 LAKE IN THE WOODS DR.
SPRING HILLS, FL 34607

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000468086
03/24/06-80017-024 500.00

**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:

3/12/06

312-591-4079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Dr. Howard Glicksman
4603 Lake in the Woods Dr.,
Spring Hill, FL 34607

STAPLE CHECK HERE