2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

CITY-ST-ZIP

SIGNATURE:

FILED							
Mar 14, 2006 08:00 AM							
Secretary of State							

	→ Due By M		Mar 14, 2006 08:00 A				
1. Entity Name	ENT # A9800000° FAMILY LTD.	1131		S	ecreta	ry of State	
Principal Place of Business 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328 Mailing Address 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328						iolo (2001) 1855 Nim (1815) (1 1861	
DO NOT WRITE IN THIS SPACE			01202008 No Chg-	LP C	R2E003 (11/05)		
			PACE	4. FEI Number 65-0837460		Applied For Not Applicat	
	E. Manna and Address of Current	A Begistand Agent		5. Certificate of Status	Desired [\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLASSER, GENE K C/O ABRAMS ANTON P.A. 2021 TYLER STREET HOLLYWOOD, FL 33022				DO NO IN THIS			
the obligations	ned entity submits this statement for registered agent. State of printed neme of registered agent.		egistered office or regis	stered agent, or both, in the		i am familiar with, and acces	
	After May 1,	2006, Fee will be \$900. THAT IS A BUSINESS ENT	TTY MUST BE REG	ISTERED AND ACTIVE	WITH THIS OF	FICE.	
12.	NOTE: General Partners M. GENERAL PARTNE		e form; an amendn	ent must be filed to ch	ange a genera	l partner.	
DOCUMENT / PS NAME B6 STREET ADDRESS 33	BB000051001 BD FAMILY HOLDINGS, INC. 125 SOUTH UNIVERSITY DRI AVIE, FL 33328						
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					1000000467t '3706-800	131 33-828 5 80.0 0	
DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP				DO NOT	r WRIT	ΓE	
DDCUMENT J NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPAC	E	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP							
DOCUMENT # NAME STREET ADDRESS		·-					

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 five and execute and that by 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-10-06

Date

Osytime Phone #