

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A98000001877

1. Entity Name
KNARF 3175, LTD.



FILED

06 MAY -1 PM 4:20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business
**5455 N. FEDERAL HWY., STE. I
BOCA RATON, FL 33487**

Mailing Address
**5455 N. FEDERAL HWY., STE. I
BOCA RATON, FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006

Chg-LP

CR2E003 (11/05)

4. FEI Number

65-0855557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUBIN, FRANK L
5455 N. FEDERAL HWY., STE. I
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **Fairman & Associates**

Street Address (P.O. Box Number is Not Acceptable)

4281 NW 1st Avenue

City **Boca Raton**

FL

Zip Code **33431**

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

Cheryl Hannon

Signature, typed or printed name of registered agent and title if applicable.

4/25/06

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 # **P98000067733**
NAME **KNARF 3175, INC.**
STREET ADDRESS **5455 N. FEDERAL HWY., STE. I**
CITY-ST-ZIP **BOCA RATON, FL 33487**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**600075025236
05/22/06--01033--016 **500.00**

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:

FRANK L RUBIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE