

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002081

1. Entity Name
PERLMUTTER FAMILY HOLDINGS II LIMITED PARTNERSHIP



Principal Place of Business
**1400 SOUTH OCEAN BLVD., APT. N305
BOCA RATON, FL 33432**

Mailing Address
**1400 SOUTH OCEAN BLVD., APT. N305
BOCA RATON, FL 33432**



02142006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2111660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERLMUTTER, CATHERINE
1400 SOUTH OCEAN BLVD., APT. N305
BOCA RATON, FL 33432**

**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
**PERLMUTTER, CATHERINE
1400 SOUTH OCEAN BLVD., APT. N305
BOCA RATON, FL 33432**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LEHRMAN, FAITH P
811 RUSSELL AVE., #300
GAITHERSBURG, MD 20879**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

00000038137
02/20/06-80076-013 158.75

000000440055
03/02/06-80025-013 500.00

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:

Faith P. Lehman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-14-06

301 921-8700

Date

Daytime Phone #

STAPLE CHECK HERE