

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002094**

1. Entity Name  
**LIPSON FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**1502 CAYMAN WAY, #A4  
COCONUT CREEK, FL 33066**

Mailing Address  
**1502 CAYMAN WAY, #A4  
COCONUT CREEK, FL 33066**

000000451146  
03/10/06-80040-006 500.00



**DO NOT WRITE IN THIS SPACE**

01102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-0863746**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ASARCH, STEVEN J ESQUIRE  
1900 NW CORPORATE BLVD., SUITE 400 E  
BOCA RATON, FL 33431**

**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 # **P98000068268**  
NAME **LIPSON FAMILY ENTERPRISES, INC.**  
STREET ADDRESS **1502 CAYMAN WAY, #A4**  
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

DOCUMENT #  
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**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:

*Jeanette Lipson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2/24/06*  
DATE

*954-977-4844*  
Daytime Phone

STAPLE CHECK HERE