

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM '06

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A98000002629	
1. Entity Name THE BROWNSTONE FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 11820 QUAIL VILLAGE WAY NAPLES, FL 34119-8914	Mailing Address 11820 QUAIL VILLAGE WAY NAPLES, FL 34119
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01242006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3543938	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARELLEK, STEVEN 700 S. FEDERAL HWY., SUITE 200 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name GARELLEK, STEVEN Street Address (P.O. Box Number is Not Acceptable) 2650 N. MILITARY TRAIL City BOCA RATON FL Zip Code 33431
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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 **STEVEN GARELLEK** DATE _____
Signature, typed or printed name of registered agent and title if applicable

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000098901 BROWNSTONE G.P. INC. 11820 QUAIL VILLAGE WAY NAPLES, FL 34119	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	600075026306 05/22/06--01040--013 **\$500.00
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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: **M.L. Brownstone** **M.L. BROWNSTONE** **1/24/06** **239-572-7930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE