


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

**FILED
Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # A98000002721
1. Entity Name
ARRP FAMILY LIMITED PARTNERSHIP, LTD.



Principal Place of Business 190 N. COMPASS DRIVE FT. LAUDERDALE, FL 33308	Mailing Address 190 N. COMPASS DRIVE FT. LAUDERDALE, FL 33308
---	---

DO NOT WRITE IN THIS SPACE



01042006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0881379	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent

COPPOLA, ROBERT C
190 N. COMPASS DRIVE
FT. LAUDERDALE, FL 33308

**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 _____ 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	COPPOLA, ROBERT C 190 N. COMPASS DRIVE FT. LAUDERDALE, FL 33308
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	COPPOLA, PATRICE M 190 N. COMPASS DRIVE FT. LAUDERDALE, FL 33308
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

1100000382646
01/12/06-80021-008 508.75

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: Patrice M. Coppola 12/31/05 (954) 772-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #