

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY -1 AM 10:10

DOCUMENT # A99000001032 1. Entity Name ARGUETTY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 13801 40TH STREET SOUTH WELLINGTON, FL 33414			Mailing Address C/O RICHARDS 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133		
2. Principal Place of Business 617 N. 21st Avenue		3. Mailing Address 2665 S. Bayshore Drive			
Suite, Apt # etc 		Suite, Apt # etc Suite 703			
City & State Hollywood, FL		City & State Miami, FL		4. FEI Number 65-0967187	
Zip 33020		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Mitchell S. Polansky, Esq. Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive, #703 City Miami State FL Zip Code 33133		
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 Mitchell S. Polansky DATE 4/25/06					
FILE NOW!!! FEB-15 \$500.00 After May 1, 2006, Fee will be \$900.00					
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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 #	P99000057839		STREET ADDRESS	617 N. 21st Avenue	
NAME	ARGUETTY MANAGEMENT, INC.		CITY-ST-ZIP	Hollywood, FL 33020	
STREET ADDRESS	13801 40TH STREET SOUTH		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
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. Isaac Arguetti 4/25/06 (954) 929-5803					
SIGNATURE:			DATE: 4/25/06		

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