

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

|                                                                          |                                                                                   |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A99000001595</b>                                           |  |
| 1. Entity Name<br><b>MARVIN ROSS FRIEDMAN FAMILY LIMITED PARTNERSHIP</b> |                                                                                   |

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business<br><b>2600 DOUGLAS ROAD, SUITE 1011<br/>CORAL GABLES FL 33134</b> | Mailing Address<br><b>2600 DOUGLAS ROAD, SUITE 1011<br/>CORAL GABLES FL 33134</b> |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E003 (10/05)

4. FEI Number **65-0930971** Applied For Not Applicat.

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

6. Name and Address of Current Registered Agent

**SINGER, MICHAEL S ESQ.  
3801 PGA BLVD., STE. 802  
PALM BEACH FL 33410**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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

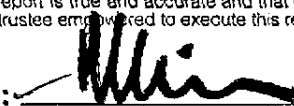
**000000455584**  
**03/15/06 20064-010-500.00**

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #                      | FRIEDMAN, MARVIN ROSS         | STREET ADDRESS           |  |
| NAME                            | 2600 DOUGLAS ROAD, SUITE 1011 | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | CORAL GABLES FL 33134         |                          |  |
| CITY-ST-ZIP                     |                               | STREET ADDRESS           |  |
|                                 |                               | CITY-ST-ZIP              |  |
| DOCUMENT #                      |                               | STREET ADDRESS           |  |
| NAME                            |                               | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                               |                          |  |
| CITY-ST-ZIP                     |                               | STREET ADDRESS           |  |
|                                 |                               | CITY-ST-ZIP              |  |
| DOCUMENT #                      |                               | STREET ADDRESS           |  |
| NAME                            |                               | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                               |                          |  |
| CITY-ST-ZIP                     |                               | STREET ADDRESS           |  |
|                                 |                               | CITY-ST-ZIP              |  |
| DOCUMENT #                      |                               | STREET ADDRESS           |  |
| NAME                            |                               | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                               |                          |  |
| CITY-ST-ZIP                     |                               | STREET ADDRESS           |  |
|                                 |                               | 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

SIGNATURE:  **15-2-06 305-443-**

STAPLE CHECK HERE