

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000001913

1. Entity Name
WESTREICH FAMILY LTD.



Principal Place of Business
C/O MRS. HELENE WESTREICH
9999 COLLINS AVENUE, APT. 17K
BAL HARBOUR, FL 33154

Mailing Address
C/O MRS. HELENE WESTREICH
9999 COLLINS AVENUE, APT. 17K
BAL HARBOUR, FL 33154



03202006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0963068

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, PAUL M
1428 BRICKELL AVENUE
4TH FLOOR
MIAMI, FL 33131

**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 # **P99000098116**
NAME **WESTREICH CORPORATION**
STREET ADDRESS **9999 COLLINS AVENUE APT. 17K**
CITY-ST-ZIP **BAL HARBOUR, FL 33154**

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U00000484425
04/12/06-00041-010 500.00

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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:

Heleen Westreich

3/22/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Overtime Phone #

STAPLE CHECK HERE