


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # B02000000164 1. Entity Name LUTZ REALTY FLORIDA, L.P.	
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Principal Place of Business 2020 CLINTON STREET LINDEN, NJ 07036	Mailing Address PO BOX 1247 LINDEN, NJ 07036
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01042006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2925686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LUTZ, RICHARD 2200 N.W. 17TH STREET, 2ND FLOOR POMPANO BEACH, FL 33069
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**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.

U00000382330
01/12/06-80003-022 500.00
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 #	
NAME	LUTZ, RICHARD
STREET ADDRESS	2200 N.W. 17TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069
DOCUMENT #	
NAME	LUTZ, STUART
STREET ADDRESS	2200 N.W. 17TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Richard Lutz **Richard Lutz, G.P.**

Date

Daytime Phone #

1/4/06 (954) 971-5222

STAPLE CHECK HERE