

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 6, 2006**

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT-# B03000000093

1. Entity Name

I.J. LITWAK REALTY LIMITED PARTNERSHIP



Principal Place of Business

190 WEST IVY HILL ROAD
WOODMERE NY 11598

Mailing Address

190 WEST IVY HILL ROAD
WOODMERE NY 11598



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E003 (4/06)

4. FEI Number

91-2015817

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITWAK, IRVING J
300 SE 5TH AVENUE, APT. 7050
BOCA RATON FL 33432

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

DATE

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.



File Now!!! Fee is \$900.00 Due By September 6, 2006

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 # F00000007116
NAME I.J. & J.L., INC.
STREET ADDRESS 300 SE 5TH AVENUE, APT. 7050
CITY - ST - ZIP BOCA RATON FL 33432

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

000000575914
09/01/06-80007-010 908.75

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

8/26/06

Date

Daytime Phone #

STAPLE CHECK HERE