


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Feb 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # B04000000450					
1. Entity Name MEUCHADIM OF FLORIDA, L.P.					
Principal Place of Business 1209 ORANGE STREET C/O THE CORPORATION TRUST COMPANY NEW CASTLE COUNTY, DE 19801			Mailing Address 6100 HOLLYWOOD BLVD., SUITE 407 HOLLYWOOD, FL 33024		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1607632	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FALIC, SIMON 6100 HOLLYWOOD BLVD., SUITE 407 HOLLYWOOD, FL 33024				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 _____				DATE _____	
Signature, typed or printed name of registered agent and title if applicable					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M04000004291		STREET ADDRESS		
NAME	MEUCHADIM MANAGEMENT OF FLORIDA, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	6100 HOLLYWOOD BLVD., SUITE 407				
CITY-ST-ZIP	HOLLYWOOD, FL 33024				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS				U000000418095	
CITY-ST-ZIP				02/13/06-80080-025 500.00	
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NAME			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: _____			1/30/06 954 9867560		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



01192006 Chg-LP CR2E003 (11/05)

4. FEI Number
20-1607632

3. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

STAPLE CHECK HERE