

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

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

<b>DOCUMENT # B04000000450</b> 1. Entity Name <b>MEUCHADIM OF FLORIDA, L.P.</b>					
Principal Place of Business <b>1209 ORANGE STREET          C/O THE CORPORATION TRUST COMPANY          NEW CASTLE COUNTY, DE 19801</b>			Mailing Address <b>6100 HOLLYWOOD BLVD.,          SUITE 407          HOLLYWOOD, FL 33024</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  <b>FALIC, SIMON          6100 HOLLYWOOD BLVD.,          SUITE 407          HOLLYWOOD, FL 33024</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
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				
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<div style="display: flex; justify-content: space-between;"> <span>1/30/06</span> <span>954 9867560</span> </div> <small>Date Daytime Phone #</small>		



01192006 Chg-LP CR2E003 (11/05)

4. FEI Number **20-1607632** Applied For  
Not Applicable

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

STAPLE CHECK HERE