


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

**FILED  
May 10, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A04000000990**  
1. Entity Name  
**GABOR LIMITED PARTNERSHIP**



Principal Place of Business  
**1111 KANE CONCOURSE, SUITE 504  
BAY HARBOR ISLANDS, FL 33154**

Mailing Address  
**1111 KANE CONCOURSE, SUITE 504  
BAY HARBOR ISLANDS, FL 33154**



04042006 No Chg-LP CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1418918**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROZENCWAIG, LESLIE A ESQ.  
C/O ROZENCWAIG & FERRERO-CARR  
301 WEST HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009**

**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 \_\_\_\_\_ 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

DOCUMENT #	L04000040835
NAME	GABOR HOLDINGS LLC
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 504
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33164
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

U00000564096  
05/20/06-80044-006 508.75

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:  **44-00305-805-K**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #