

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

**FILED
Jan 22, 2007 08:00 AM
Secretary of State**



DOCUMENT # A0000000028	
1. Entity Name POSTER BROTHERS, LP	
Principal Place of Business 2514 N.W. 59 STREET BOCA RATON FL 33496	Mailing Address 2514 N.W. 59 STREET BOCA RATON FL 33496
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E003 (10/06)

4. FEI Number 13-4080254		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		7. Name and Address of New Registered Agent
POSTER, STEVEN 2514 N.W. 59 STREET BOCA RATON FL 33496		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 _____

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY-STATE-ZIP	POSTER, STEVEN 2514 N.W. 59 STREET BOCA RATON FL 33496	STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	POSTER, JAY 2514 N.W. 59 STREET BOCA RATON FL 33496	STREET ADDRESS CITY-STATE-ZIP	000000598042 01/24/07-80060-018 500.00
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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: *SB Poster (G.P.)* **1/19/07** **561 762 3666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #