


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Mar 13, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # A00000000570**  
1. Entity Name  
FISHMAN FAMILY LTD.



Principal Place of Business 1500 SOUTH OCEAN DRIVE, UNIT 306-S BOCA RATON, FL 33432	Mailing Address 1500 SOUTH OCEAN DRIVE, UNIT 306-S BOCA RATON, FL 33432
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02272007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0996636	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
GLASSER, GENE K  
C/O ABRAMS ANTON P.A.  
2021 TYLER STREET  
HOLYWOOD, FL 33022

**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, 2007, 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 # NAME STREET ADDRESS CITY - ST - ZIP	FISHMAN, CELINA 1500 SOUTH OCEAN DRIVE, UNIT 306-S BOCA RATON, FL 33432
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U00000665072  
03/23/07-80011-009 500.00

**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: Celina Fishman, General Partner 3-6-07 561-392-1035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #